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The care of the human mind is the most noble branch of medicine.—GROTIUS.

UTICA, N. Y.
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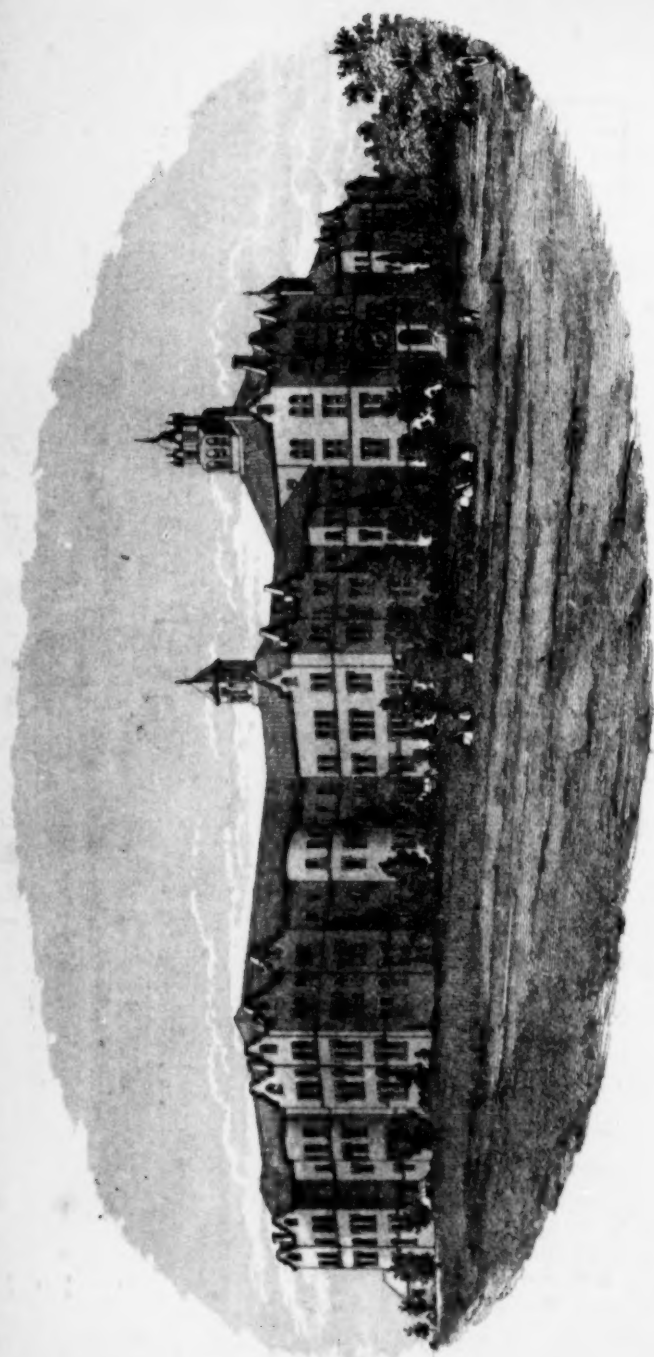
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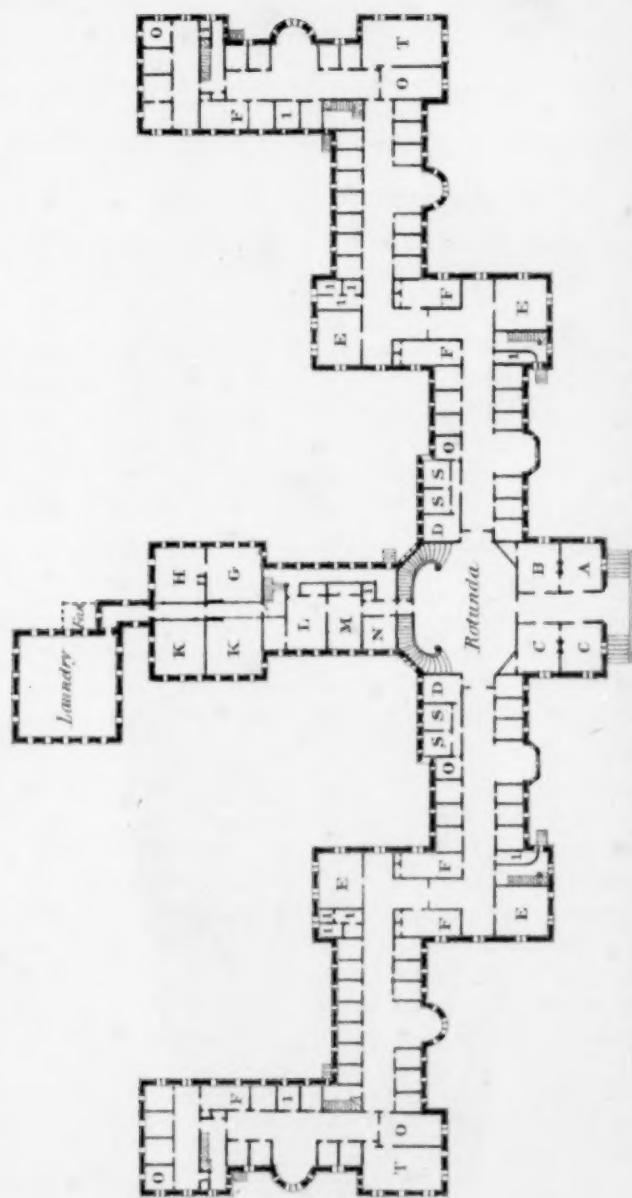
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STATE HOSPITAL FOR THE INSANE
Northampton, Massachusetts.



*Plan of the First Story of the State Hospital for the Insane, Northampton, Mass.
Scale 82 1/2 feet to the inch. Whole Length of Front 572 feet.*

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AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1866.

IN COURT OF APPEALS, STATE OF KENTUCKY.

SMITH VS. COMMONWEALTH.

WITH REMARKS* BY W. S. CHIPLEY, M. D., MEDICAL SUPERINTENDENT OF THE EASTERN KENTUCKY LUNATIC ASYLUM, LEXINGTON, KY.

OPINION OF THE COURT, BY ROBERTSON J.—“Robert Smith, convicted by the verdict of a jury, and sentenced by the Circuit to be hung, on an indictment charging him with the murder of Frederick Landaur, appeals to this court for a reversal, on the ground that the indictment is insufficient, and that the Circuit Judge erred in giving and withholding instructions on the trial.”

Having considered several purely legal questions, the judge continues:

“The Court also instructed the jury that, ‘in cases of homicide, without any provocation, the fact of drunkenness is entitled to no consideration,’ and that temporary insanity which has followed as the immediate result of voluntary drinking to intoxication is no excuse for crime.”

In all this we cannot concur. If a man designing a homicide, drink to intoxication either to incite his animal courage or prepare some excuse, the killing will be murder. But if sensual gratification or social hilarity, without any premeditated crime, induced the drinking, surely his condition *may* be such as to induce even an unprovoked homicide from murder to manslaughter. And, if transient insanity ensue, although it should not altogether excuse, yet it should mitigate the crime of the inevitable act. There was some testimony in this case tending to show that the appellant, when he killed Landaur, was

* Read before the Association of Medical Superintendents of American Institutions for the Insane, at the Annual Meeting, held at Washington, D. C., April 24, 1866.

intoxicated, and also that such a condition superinduced moral insanity. And the jury had a right to weigh that testimony and determine, not only the fact of intoxication, but its actual effect on the mind and the will, and consequently on the conduct of the appellant. Had they believed that it was neither simulated nor malicious, but without even producing momentary insanity, prompted a homicide which otherwise would not have been perpetrated, they had a right to decide that the act was not so criminal as murder, and if, especially, they had been satisfied that the act was the offspring of momentary insanity, they could not, as conscientious triers have doomed such a victim to the gallows. The instructions tacitly concede that *permanent* insanity, produced by drunkenness, may excuse homicide. And this, contrary to the ancient doctrine, is more universally conceded to be American law. And why is it law? Only because no insane man is responsible for insane acts. And why should an insane act, prompted by *transient* insanity have no exculpatory or mitigating effect on the question of crime or of its grade.

In Lord Coke's day a man could not avoid a contract on a plea of insanity, or of incapacitating drunkenness. That absurdity has been long exploded. And why should its spurious twin—that drunkenness, whatever may be its effect, is no *excuse* for crime, be still recognized as law in this improved age of a more enlightened and homogeneous jurisprudence?

We conclude that this instruction did not clearly and distinctly embody the true modern law, and may have been, therefore, prejudicial to the appellant.

The next instruction we shall consider is the following, as given to the jury. "Where the jury, from the evidence, entertain a rational doubt on the question of insanity, they should *always* find in favor of sanity." This too is not now, either altogether or always, a consistent and true doctrine. Can it be possible, that here and now a jury is bound to hang a man for murder, when they rationally and strongly doubt his capacity to commit any crime.

The "rational doubt" which should result in acquittal, lest an innocent man might be unjustly punished, is a doubt as to all or any one of the constituent elements essential to legal responsibility or punishable guilt, and, unless they all concur, acquittal is the legal consequence. As a sound and responsible mind is indispensable to such guilt, why should not a strong and rational doubt of the capacity to commit the imputed crime *favor* the *acquittal* of the accused? It is

true that, *prima facie*, every man is presumed to be sane, and therefore the burthen of proof to rebut this presumption devolves on the party claiming the benefit of the plea of insanity. But so too in like manner, every man charged with crime is presumed innocent, and will be so held until the Commonwealth shall rebut that presumption. But if the testimony for rebutting it should leave room for a rational doubt of guilt, "not guilty" is the verdict of the law. Why if the evidence of insanity is strongly preponderating, should not the presumption of sanity be rebutted, and why should the jury be bound to find sanity merely because insanity has not been proved with such absolute certainty as to exclude a rational doubt?

If this be their duty, then in all cases of partial insanity, a case could scarcely be imagined, and perhaps may never arise, in which a plea of insanity can be made available. A doubt of sanity is essentially different from a doubt of insanity, the former should always avail, the latter never.

When the proof of insanity is ever so strong, there may, and generally will be, a doubt whether, nevertheless, the accused was not sane. This is a doubt of sanity, which should never convict, but should always acquit. "Belief" is of different degrees of certainty and assurance. On such a metaphysical question as that of partial insanity, no proof of it can impress the jury with moral certainty. The preponderating probability of insanity may be as assuring as that on which they individually act in the affairs of ordinary life, and therefore may be said to "believe" the alleged insanity, and yet may feel some rational doubt of it. Such a doubt in such belief may compel a rational doubt of responsible sanity. And, so doubting, the jury ought not to convict.

But when the evidence strongly preponderates in favor of sanity, a doubt whether, nevertheless, the accused was not insane, should never acquit, and this is what we mean by a doubt of insanity.

The instruction does not discriminate between the two classes of cases, but confounds them, and it was therefore misleading. And this conclusion is not at all inconsistent with the principle of the case of *Graham vs. the Commonwealth* (16th B. Mon. 591.) In that case the instruction adjudged indefensible, assumed the sufficiency of a doubt of insanity, not of sanity. And the decision of the question thus propounded was all that was judicial in the case. The last instruction we shall notice is in the following words: "To establish a

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defence on the ground of insanity the accused must prove that, at the time of the killing, he was laboring under such defect of *reason* from disease of *mind* as not to know the nature and quality of the act he was doing, or if he did know it, he did not know he was doing wrong."

All this may be true in most cases of *intellectual* insanity. This species of insanity, as first defined by *Erskine*, and illustrated by the sustained verdict in *Hadfield's* case is "delusion" arising from a partial eclipse of the reason, or from a morbid perversion of the percipient faculties, which present to the abnormal mind as accredited realities, images of objects that have no actual existence or a false and distorted aspect of existing objects. Whether the true theory of the human mind be psychological or only physiological, spiritual or material, man is certainly so constituted as to be compelled to believe the testimony of his own senses. This is the ultimate test of all human knowledge, and necessarily has the force and certainty of intuition, which no reasoning can overcome or impair. The intellectual monomaniac may reason logically, but he reasons from false premises which his morbid mind assumes, with intuitive confidence, to be undoubtedly true. His false conclusion, therefore may result, not from "defect of reason," as assumed in the instructions, but from an insane assumption of false premises. To punish a homicide, committed by the insane victim of such delusion, and under its resistless influence, would be punishing for what every other man in the same condition would ever do in defiance of all penal consequences, and therefore such punishment would be useless and inconsistent with the preventive aim of all criminal jurisprudence. Although he had an abstract knowledge of "right and wrong," and knew that crime is justly punishable, nevertheless he did not know that his act was criminal, but felt sure that it was lawful and righteous. But if he knew that he was doing wrong, he was not impelled by delusion, and his act was criminal. As the intellectual was the only species of monomania recognized for many years after the trial of *Hadfield*, the doctrine repeated in this instruction, excepting only the "defect of reason" which it seems to presuppose, was established as applicable to all pleas of insanity in criminal cases, and until lately, it had been applied to a class of cases, which are not within the scope of its philosophy.

Moral insanity is now as well understood by medico-jurists, and almost as well established by judicial recognition as the intellectual form.

Mentally, man is a dualism, consisting of an intellectual and moral nature. It is this peculiar nature that exalts him above the animal and makes him legally and morally a responsible being. The animal has neither reason to guide nor a moral will to control its passions; passion governs, and instinct alone guides its conduct. It is therefore not responsible to the criminal law. But a proper man in a sound and normal state, with a "*mens sana in corpore sano*," has peculiarly and preëminently, the light of reason to guide him in his pathway of duty and also has a *free and rational presiding will* to enable him, if he so choose, to keep that way in defiance of all passion and temptation.

It is this intellectual and moral nature alone, that makes him in the probationary sense, a man, and holds him responsible for his voluntary conduct. And it would be as useless and cruel to hold him accountable, either criminally or morally, for an act done without a free, rational and concurrent will, as it would be if his reason had been in total eclipse. The common law progresses with all other sciences with which it is affiliated, as a growing and consistent whole. And, consequently, as the science of man's moral nature was developed the phenomena of insane affections, emotions and passions, which either neutralize or subjugate the will, medical jurisprudence recognized as moral insanity, and pronounced this morbid and overwhelming influence as exculpatory as the other form called intellectual insanity. No enlightened jurist now doubts the existence of such a type of moral, contradistinguished from intellectual insanity, as *homicidal mania* or morbid and incontrollable appetite for man-killing and *pyromania* or the like passion for house burning, and *kleptomania*, or an irresistible inclination to steal. In each of these cases, and others of a kindred character, whether the unnatural passion be congenital or only the offspring of some supervenient cause, moral unhingement and a subjugated or subsidized will, are the invariable characteristics. This is disease, and the man thus doomed to the anarchy of morbid and ungovernable passions is, in law as well in fact, insane, and to the extent of the operation of that blind and brutal influence, he may be no more responsible than a tiger or other brute. But if his insanity extend no farther than a morbid perversion and preternatural power of insane passion or emotion, he not only "knows right from wrong" but knows also, that the act he is impelled to do is forbidden by both moral and human law. Yet, nevertheless, his will being paralyzed or subordinated, the incontrollable appetite *necessitates* an act which he knows to be wrong and justly punishable. But as he was a help-

less puppet in the hands of Briarean passions, he is no more a fit subject of punishment than an animal without a controlling will, or than he himself would have been had he never been blessed with that moral pilot of the passions. The instruction as given, excluded any such insanity from the jury.

The instruction given by the Circuit Judge in the case of *Graham vs. the Commonwealth*, was more comprehensive and as nearly right as any we have seen on that subject in any case. It was as follows: "the true test of responsibility is whether the accused had sufficient reason to know right from wrong, and whether or not he had sufficient power of control to govern his actions."

The instruction we have been considering in this case was therefore, not only inapplicable to the species of insanity relied on by the appellant, but was radically defective in principle. Deeming further amplitude unnecessary, and therefore unbefitting, we conclude that, for the foregoing errors, the verdict and judgment in this case ought not to stand. Wherefore the judgment is reversed, the verdict set aside, and the cause remanded for a new trial.

DR. CHIPLEY'S REMARKS.

The abuse of intoxicating drinks is so common, and so frequently leads to the violation of law, and to serious disturbances of public order, involving both life and property, that the medico-legal relations of inebriates become exceedingly important, and present numerous intricate questions of responsibility.

The doctrine of *moral insanity*, about which so much has been said and written, since the justly distinguished Dr. Pritchard made it a prominent topic of dissertation, and attracted to it the attention of both the medical and legal professions, offers still more vexed and unsettled questions. Its recognition in a few of the higher courts of this country is due, mainly, to the ability with which it is presented by one of our most eminent confrères, whose work on the "*Medical Jurisprudence of Insanity*," stands to-day unrivalled in our language. In arrange-

ment, general soundness of doctrine, clearness and forcible illustration, I know of no similar work worthy of comparison; the language is so pure and classical, and the style so chaste and beautiful, that they cannot fail to elicit the admiration of the scholar, and to give force and popularity to the teachings of its author.

The plea of transient madness from intoxicating potations and that of moral insanity, as excuses for crime, always interesting, have been rendered more so to me by an opinion recently emitted by the highest judicial authority of my State; it is the more notable, and the more calculated to strengthen truth, or to foster error, because this opinion was pronounced by one of the ablest jurists of our day—a gentleman of varied learning, who, for nearly half a century, has been conspicuous in the legislative halls of the State, at the bar, on the bench and in the halls of Congress.

I would not lightly differ with the distinguished gentleman to whom I have referred. I feared, indeed, that I might be in error, and hence, with a sincere desire to arrive at truth, I have reëxamined the authorities and arguments relied upon to sustain the doctrines taught, and, especially, the cases referred to as conclusive evidence that there are instances of derangement of the affective functions, which should free its subjects from legal responsibility for unlawful acts, notwithstanding the intellectual faculties remain intact. If this doctrine be correct, I regret that I have not been able to perceive its truth, and that I closed the investigation with a still more thorough conviction that it is false in fact, and extremely dangerous in practice. But I must recur to this topic, as it is my design to notice in order, the principles

laid down by Judge Robertson in the opinion to which I have alluded.

In this opinion, drunkenness is distinctly recognized as "an excuse for crime."

Having alluded to the fact that in Lord Coke's day, a man could not avoid a contract on a plea of incapacitating drunkenness, he adds: "That absurdity has been long exploded, and why should its spurious twin—that drunkenness, whatever may be its effect, is no *excuse for crime*—be still recognized as law in this improved age of a more enlightened and homogeneous jurisprudence?" If this doctrine is recognized by the courts, and becomes the settled law of the land, it might be questioned whether we are really living in an "improved age." Certainly a premium offered to those who chose to indulge in a beastly vice would not justify a very high appreciation of our "enlightened and homogeneous jurisprudence."

Drunkenness is itself a crime, and to recognize it as an excuse for other offences is to admit one crime as an excuse for others of a still higher grade. I believe it is a sound principle of law that a person in the commission of an illegal act is responsible for all of the immediate consequences of that act. Circumstances may mitigate or lower the grade of punishment, but the primary voluntary offence cannot be pleaded as an excuse.

Judge Denio of New York, in the case of Rogers, gave the principles which I believe, should rule in such cases; and which have gained strength by the approval of the ablest legal minds in England since the time of Edward VI.:

In the forum of conscience there is no doubt considerable difference between murder, deliberately planned and executed by a person of unclouded intellect and the reckless taking of life by one infuriated

by intoxication; but human laws are based upon considerations of policy, and look rather to the maintenance of personal security and social order than to accurate discrimination or to the moral qualities of individual conduct. But there is in truth no injustice in holding a person responsible for his acts committed in a state of voluntary intoxication. It is a duty which every one owes to his fellow men, to say nothing of more solemn obligations, to preserve, so far as it is in his own power, the inestimable gift of reason. If it be perverted or destroyed by fixed disease, though brought on by his own vices, the law holds him not accountable, but if by a voluntary act, he temporarily casts off the restraints of reason and conscience, no wrong is done him if he is considered answerable for any injury which, in that state he may do to others or to society.

Doubtless drunkenness obscures the mind and deadens all its faculties—memory is lost and the judgment impaired, but the condition is one, not induced by misfortune, but resulting from voluntary misconduct. Very few persons are brought to the bar for murder who were in a condition to appreciate clearly and to weigh well the nature and consequences of the act at the moment it was perpetrated. But if this disability was only temporary, and especially when it has been voluntarily assumed, the offender is justly held responsible.

Any other rule would spread a pall of darkness over the face of society, and leave the good a prey to the wicked propensities of those who, by misconduct, show an utter disregard to all obligations, human and divine.

Drunkenness is easily feigned, not only by practical actors who so faithfully represent it on the stage, but by almost any one who may have a motive to attempt the imitation. The unsteady gait, embarrassed speech, and senseless talk of the inebriate, are easily assumed. And then it must be observed that very few heinous offences are committed except by persons who habitually indulge in the use of ardent spirits. So that, if drunkenness

is admitted as an excuse for crime, very few criminals will find any difficulty in proving that they were under the influence of spirits at the time the offence was committed.

In this decision Judge Robertson distinctly recognizes drunkenness as "an excuse for crime," on the ground that drunkenness is "a transient insanity." If this is correct, then all intoxicated persons cease to be responsible agents; since the mental condition, resulting from the use of intoxicating drinks, is pronounced to be insanity; and insanity, once proved, wholly frees its subjects from accountability for their acts. If the principle is admissible, the opinion should have gone to its legitimate end, and pronounced drunkenness not only a mitigating circumstance, but as exempting from all punishment.

Under such a rule what protection would the law give to society from the violence and vindictive passions of wicked, heartless and desperate men, who are restrained by no higher motive than the fear of punishment?

But does such a pathological condition exist as to justify us in ranking drunkenness as a species of insanity? It is admitted that disease is one of the essential elements of insanity—there must be a morbid condition affecting, in some material degree, the operations of the mind perverting or impairing one or more of the mental faculties—there must be a prolonged departure from the usual modes of thought and action, resulting from disease. Is this the case in drunkenness? Certainly not. It is a voluntary state, not a calamity. It is simply a temporary excitement, accompanied by more or less confusion of intellect, brought on by the voluntary act of the inebriate. It does not come within the range of any definition or description of insanity—it lacks the essen-

tial element, and ought not therefore to afford the immunity allowed to that malady.

There can be no question but that drunkenness may be allowed as an excuse for violations of the law when it has been induced by accident, or by the design and contrivance of others. In this case, the man drunk, is the involuntary agent of others—the mental disability is not brought about with his consent, and it would not be just to hold him responsible for acts over which he could exercise no control. Even in this case, it should be very clearly shown that the act was not in the direction of a design or malice entertained in the sober state. Otherwise, the plea should be wholly unavailing.

In England, drunkenness was formally considered as an aggravation of offences committed under its influence. In this principle there was extreme rigor, and it has long since been modified. In justice, the law could never have gone further than the code of Pittacus, which decreed a double punishment, not because one offence aggravated the other, but one for the drunkenness and the other for the offence committed under its influence. There is one circumstance, however, under which it may still be considered as an aggravation. When a malignant man deliberately resorts to the use of stimulants, for the purpose of deadning conscience and exciting the courage necessary for the perpetration of crime, the cool malice of the sober state extends to the drunken fit and even aggravates the atrocity of the deed for which the offender thus provides.

But little less deserving of commiseration and leniency is the man who continues "to put an enemy into his mouth to steal away his brains," when he has been taught by experience that, in his intoxicated moods, he is dis-

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In England, drunkenness was formally considered as an aggravation of offences committed under its influence. In this principle there was extreme rigor, and it has long since been modified. In justice, the law could never have gone further than the code of Pittacus, which decreed a double punishment, not because one offence aggravated the other, but one for the drunkenness and the other for the offence committed under its influence. There is one circumstance, however, under which it may still be considered as an aggravation. When a malignant man deliberately resorts to the use of stimulants, for the purpose of deadning conscience and exciting the courage necessary for the perpetration of crime, the cool malice of the sober state extends to the drunken fit and even aggravates the atrocity of the deed for which the offender thus provides.

But little less deserving of commiseration and leniency is the man who continues “to put an enemy into his mouth to steal away his brains,” when he has been taught by experience that, in his intoxicated moods, he is dis-

posed to violence and inclined to inflict deadly injuries on unoffending persons who may happen to be about him. A person so reckless of the rights and interests of others, richly merits a stern enforcement of the penal statutes, and no consideration should be given to his mental condition, even for the purpose of rebutting the presumption of malice. A man who continues to drink to intoxication when he knows that, in that state, he is habitually violent and destructive, gives the highest evidence of malicious intent, of an abandoned heart, and of such a total disregard of the peace, happiness and good order of society as to leave his acts utterly without excuse or palliation.

While drunkenness, or that state of the mind incident to it, should never be allowed to be pleaded as an excuse for crime, it may be given in evidence, in most cases, to show the animus of the accused, precisely as heat of passion is allowed to qualify a homicide. While it is a duty to control our passions, the law mercifully recognizes the weakness of human nature; and while it does not justify the act committed in the flush of passion, it justly discriminates in grading its punishment, between offences perpetrated in the heat of passion and with deliberation. This is simply a concession to the frailty of human nature. If the offence has not been previously contemplated, it is supposed that passion blinded the culprit for the moment, and the deed was without malice. If a drunken individual commits a homicide, his mental condition may be given, not as an excuse for the act—not because it is any recognized form of insanity, but simply to rebut the presumption of malice. If it is clearly shown that he was so far intoxicated as to affect the free exercise of the mind and was beyond the control of his own free will—

that no ill-will existed between the parties, nor any motive for the act, his condition will have the same effect in lowering the grade of the offence and mitigating the punishment, as if the deed had been committed in sudden heat of passion.

It has been sought to make a distinction, as to the degree of responsibility of a man drunk and a drunkard while in a fit of intoxication. The common drunkard has been held to be the most culpable. But if any distinction should be made it ought to be in favor of the drunkard on the score of human frailty, except where previous experience has shown that habitual violence was the result of indulgence. Habit is one of the most powerful and controlling elements of our nature, and whatever may have been the moral guilt of one, in contracting a vicious habit, some consideration is due to him after the habit has so fixed itself upon him as to have become, in a measure, uncontrollable. The man drunk is justly held to be more culpable, since the act of excessive indulgence is purely voluntary, and without even the plea of that craving appetite which, with the habitual toper is so imperious and so difficult to master.

I make no question here of insanity resulting from the abuse of ardent spirits. If insanity really exists—if disease has supervened on the vicious habit and consequent mental derangement, the remote cause which may have induced it can have no influence in determining the responsibility of the inculpat. From the moment that this state of things is proved, and that the act was not the immediate effect of drunkenness, the accused ceases to be amenable to penal statutes.

The peculiar condition of the mind in drunkenness is deliberately sought by a free and excessive indulgence

in the use of stimulants—the effects of such indulgence are familiarly known to every one—none can be ignorant that the uniform tendency of intoxication is to violations of law and the disturbance of the public peace; when, therefore, one voluntarily assumes this condition, fraught with so much evil, he cannot be permitted to divest himself of any portion of accountability which attaches to persons of sound minds. But delirium tremens or other forms of insanity, which may result from this same indulgence, is never sought by its victims—it is only an occasional consequence of a vice. Disease now really exists, and on this the mental aberration depends—calamity has overtaken him, and he is no longer a free agent, and the law will excuse his acts and confide him to medical care. To go behind the fact of insanity and make the responsibility of the subject depend on its cause, would be manifestly absurd. This the law never does, but annuls responsibility when insanity is proven, whether its apparent cause be of a moral or immoral character.

I am sure every one will feel obliged to Judge Robertson for the clear and forcible manner in which he has disposed of the question of “rational doubt” in the trial of cases under the plea of insanity. The effect of such doubts has perplexed both courts and juries, and yet the true principle, as laid down by Judge R. is so simple and consistent with common sense—a rule so constantly applied by every one in all the ordinary affairs of life, that one is surprised that it has not been always recognized by the courts. The lower court in this case charged the jury; “where the jury, from the evidence, entertained a rational doubt on the question of *insanity*, they should always find in favor of *sanity*.” This is very properly reversed as requiring too much of the defence.

Under this rule "of all cases of partial insanity, a case could scarcely be imagined, and perhaps may never arise, in which a plea of insanity can be made available." Judge R., says: "A doubt of sanity is essentially different from a doubt of insanity—the former should always avail, the latter never." That is to say, if the evidence preponderates in favor of insanity, so as to create a rational doubt of the sanity of the party, acquittal must follow. It is simply a rule for the decision of a cause according to the preponderance of testimony in cases where the certainty of demonstration is, in the very nature of things, utterly unattainable.

I recollect but a single case in which this reasonable doctrine was previously laid down in the same clear and explicit manner. In the trial of *Hopp*, Illinois, Judge Manierre charged: "If the act is proved to the satisfaction of the jury, by the *weight and preponderance* of the evidence, to have been one of insanity only, the prisoner is entitled to an acquittal, *though that defence should not be proven beyond all reasonable doubt.*"

The general views of Judge R. are liable to few objections, however much we may feel compelled to dissent from some of his conclusions. He says:

Mentally, man is a dualism, consisting of an intellectual and moral nature. It is this peculiar nature that exalts him above the animal and makes him legally and morally a responsible being. The animal has neither reason to guide nor a moral will to control its passions. It is not, therefore responsible to the criminal law. But a proper man in a sound and normal state, with a "*mens sana in corpore sano*," has peculiarly and preëminently, the light of reason to guide him in his pathway of duty and also has a *free and rational presiding will* to enable him, if he so choose, to keep that way in defiance of all passion and temptation. It is this intellectual and moral nature alone, that makes him in the probationary sense, a man, and holds him responsible for his voluntary conduct. And it would be as useless and cruel to

hold him accountable, either criminally or morally, for an act done without a free, rational and concurrent will, as it would be if his reason had been in total eclipse.

It must be confessed that there is some confusion here resting, at one time, man's responsibilities on both the intellectual powers and the affective functions; and, afterwards, on the "light of reason" which is given "to guide him in his pathway of duty" and "a free and rational presiding will to enable him, if he so choose, to keep that way in defiance of all passion and temptation." If this latter is the doctrine intended to be taught by Judge R., and if he means that at least a partial eclipse of reason exists, the staunchest opponent of moral insanity will admit its truth; but they cannot fail to express some surprise that, having founded man's accountability on the intellectual faculties, he ultimately arrives at the conclusion, that it may be annulled while these faculties remain sound and healthy—for this condition of the intellectual powers is absolutely necessary to constitute what is termed moral insanity.

I do not understand precisely what the learned Judge means by his classical allusion when he declares that as the culprit "was a helpless puppet in the hands of Briarean passions, he is no more a fit subject of punishment than an animal without a controlling will, or than he, himself, would have been, had he never been blessed with that moral pilot of the passions." Briareus, the hundred handed and fifty headed monster, is said to have rendered essential service to Jupiter in his war with the Titans; and his mere presence by the side of the Thunderer, quelled an incipient rebellion among the inferior deities; but when Briareus himself gave away to passion and presumed to rebel he was put in durance under *Ætna*

which belched forth fire and flame as often as the monster struggled in his subterranean dungeon. So that we have a right to conclude that the ancient gods did not recognize the doctrine of moral insanity or allow Briarean passions as an excuse for crime.

I cannot think that Judge R. intended to admit furious passion as an excuse for crime, although his language is subject to that construction. One of the primary objects of the laws is to protect us from the fury of ungovernable passions—whether that be anger, hate, envy, jealousy or any other of the malignant passions, a man is culpable and should be punished for allowing himself to be spurred on by any of them to the commission of crimes at which humanity shudders.

Judge R. does, however, unequivocally recognize moral insanity as a form of disease which exempts its subjects from responsibility to the criminal law. Is this correct, and ought it to be accepted as the established law of the land?

Some eighteen years ago, Baron Parke declared that: "moral insanity was a dangerous innovation coming in with the present century." That it is, apparently, dangerous to the best interests of society, and is believed to have the effect of giving to bad men and to vicious passions, that protection which is due only to the good and to virtue, may very properly justify and stimulate a closer and more careful examination of its claims to acceptance; but, if it be true, its supposed pernicious tendencies cannot authorize its rejection. All truth is admissible and it can never fail, in the end, to prove useful to mankind. The question therefore, does not relate so much primarily to the apprehended consequences of the doctrine as to its truth—are we so constituted

that the affective functions may be so perverted as to lead one to the commission of crime for which he should be held irresponsible, notwithstanding the knowing and reasoning faculties are sound; in other words, does accountability repose on those sensibilities which are common to man and the lower animals or in those godlike powers which distinguish him as the lord of creation and give to him the capacity for indefinite improvement.

If this question is resolved in favor of the understanding as the sole basis of responsibility; or, if it is made to appear only doubtful whether responsibility should be annulled by morbid sensibilities only, then the probable consequences of a recognition of the doctrine of moral insanity, in medico-legal science, may afford legitimate reasons for its non-acceptance.

It has seemed to me that it is not an unusual thing for those who entertain the opinions expressed by the court, to claim a greater weight of authority in their favor than is warranted by the facts, Judge R. says: "Moral insanity is now as well understood by medico-jurists and almost as well established by judicial recognition, as the intellectual form."

It is to be feared that this assertion has been derived, not from an examination of the decisions of the courts, but from the declarations of active partisans whose wishes are father to the thought. So far as I have been able to ascertain, the doctrine of moral insanity has not been recognized in the courts of England, whence we have drawn our principles of law; nor in the courts of this country, except in a few isolated instances. Certainly its recognition has not been generally acceded to in the higher courts of either country. Nor is there any greater accord among those medical men whose positions have

made them most conversant with all forms of mental maladies.

The doctrine is not recognized for any medico-legal purpose, by a majority of the members of this association, to whom is confided the care of almost all the insane in our country. While, therefore, it remains unrecognized in the courts of England, and has been admitted by only very few judicial authorities in our own land; and while it is repudiated, as a false doctrine, fraught with great evil to society, by a majority of the practical psychologists, known to us to be gentlemen of fidelity, integrity and experience, are we not warranted in entering a claim to the weight of authority in the negative? Certainly there is something more than a "dissentient voice occasionally heard from the bench, the bar, the medical profession at large and from those who claim some special knowledge of insanity and the insane."

That the doctrine is advocated by many honest, capable and faithful observers, no one can gainsay. It is impossible to avoid this division of sentiment on any scientific or professional question not absolutely demonstrative in its character, and it is the division of sentiment among gentlemen who are ardently seeking truth, and the importance of the subject, which bring it so frequently to the surface for renewed examination. There is here no partisan spirit, but a sincere desire to harmonize on a truthful and solid basis.

I do not propose to discuss the abstract question of the possibility of a perversion of what are called the moral powers, or as Professor Upham terms them, the sensibilities. This may occur from ill-directed education, from habit, evil associations and the absence of that salutary control that should be exercised over persons in

early life, and make men desperately wicked. But the practical question for us is this: shall such perversion free one from legal penalties while the intellectual powers are unimpaired? In the school of morals, and the forum of conscience, I will readily admit that all crimes are species of insanity; but I am not prepared to admit the plea of insanity as an excuse for violations of law unless it can be shown that there is a congenital or accidental defect of those powers with which the Creator has endowed man for the purpose of enabling him to discriminate between right and wrong and to choose the one and avoid the other.

In this discussion it is important also to understand what is meant by moral insanity. If we accept the definition of some of its advocates, as that of the learned Dr. Copland, the controversy is at an end and the adjective "moral" may be very properly dropped from medico-legal science. He defines it to be "a perversion of the inclination, temper, etc., the intellectual faculties being more or less weakened or impaired." This yields all for which the opponents of the doctrine contend. They make no claim to any special amount of intellectual impairment, but simply insist that some degree of mental unsoundness is required to free one from accountability for his acts. But the term is not generally applied, simply because the mental aberration is manifested chiefly in the state of the feelings, affections, temper, habits and conduct of the individual; but in the language of Dr. Pritchard, who is said by Dr. Bucknill to have been "the able and learned inventor of moral insanity," it denotes "a disorder which affects *only* the feelings and affections, or what are termed the moral powers of the mind, in contradistinction to the powers of the understanding or intel-

lect." It is in this sense that I propose to consider the doctrine. Whenever, therefore, it can be shown that any one or more of the intellectual faculties become unsound from disease, the case is at once removed from the category of moral insanity. It will be important to bear this in mind, especially, in any consideration that may be given to the cases that have been so repeatedly alleged as instances of pure moral insanity—cases which have been cited and reproduced so frequently that they have become sufficiently worn to expose the fallacy of the very doctrine they are intended to support.

In order to determine the limits of man's responsibility, it is important to ascertain the foundation of his accountability. Why is he held responsible for his acts?

On this topic, I do not intend to enter upon any metaphysical disquisition. Metaphysicians are not agreed among themselves, in the views they entertain. They are all prone to analyze the mind into great departments, assigning to each certain functions or powers. Professor Upham says: "The human mind exists in the three great departments of the intellect or understanding, the sensibilities and the will;" and he declares "the office of the will is mandatory and executive." Others, with more reason I think, consider the will as a mere resulting power—the mere power of obeying the dictates of the understanding. For all our purposes, the mind is an entity with multiple powers of manifestation. We admit that, in a certain sense, the propensities and sentiments are integral portions of our mental constitution, and that they are liable to irregular and deranged action; but it does not follow that one may become irresponsible for his acts while intellect remains sound. Man is not made accountable, because he is endowed with propensities and

instincts—these he has in common with the beasts that perish, and for whom no criminal laws are enacted. Man's propensities and passions, and their liability to irregular and deranged action, make penal statutes necessary to the protection of society; but he is held accountable only because he is also endowed with intellectual faculties and a free rational will or power capable of regulating and controlling the sensibilities. If one is born with all the emotional endowments of our nature, but destitute of understanding, his irresponsibility is unquestioned. The same is true when the faculties of the understanding are perverted, impaired or destroyed by disease. In every aspect in which man's accountability is viewed, we arrive at the same point, that its sole basis is the existence and soundness of the intellectual powers—those wonderful endowments which so eminently distinguish man from other animals—which enable him to discriminate between good and evil, right and wrong, and to choose the one and to avoid the other; or, in the language of Judge R., he is accountable because he has “the light of reason to guide him in the pathway of duty, and a free and rational presiding will, to enable him to keep that way in defiance of all passion and temptation.”

If then, accountability is a structure erected solely on the intellectual powers, must it not remain unshaken so long as its foundation is sound and unbroken? Is it not illogical to set out with the fundamental proposition, that man is made responsible for his acts only because he is gifted with an understanding, and then arrive at the conclusion that he may become irresponsible without the impairment or disease of any one of its powers?

The animal appetites and passions are given for wise and important purposes, and they are often very imperious

and exacting. They are said to be original feelings or emotions existing in ourselves, which lead us to a particular conduct, without reference to any principle, except the intuitive impulse of the emotion itself; the balance wheel, or regulating or restraining power, is in the understanding; and this determines for each what he has a right to possess, and what he has a right to do. The intellect alone perceives the relations we sustain in the moral government of God, and towards our fellow-men, and appreciates the obligation to perform the duties of life. It alone enables us to examine the aspect and bearing of moral actions, to estimate correctly the consequences of departures from the requirements of law; and either approves or disapproves of any course of action, as right or wrong in itself, or as it is allowed or forbidden by the legal provisions which regulate our social relations.

Professor Upham thinks that there is no such thing as an emotion, desire or feeling of moral obligation, without an antecedent action of the intellect. Whether this be true or not, when they, the emotions or desires, do arise, the next step in every sound mind is, in effect, the inquiry, shall it be gratified—is it right and not contrary to duty or the law? When a conclusion is reached “the will never fails in its obedience to the dictates of a sound understanding.”—Locke.

That many such questions are determined upon the instant, and without any formal process of reasoning, does not compromise the principle that it is the understanding that governs. Previous experience has put almost all minds in possession of a knowledge of the extent and limits of ordinary rights and duties; but if a novel question is presented, or, one involving complication or doubt, the process is less rapid and the operations

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of the understanding more apparent. In all cases, however, the theory of human accountability, and the only safe basis of practice, is that all persons possessed of sound knowing and reasoning faculties, with a will unimpaired, shall be held responsible for their acts on the presumption, that while sound, these powers are sufficiently potent to hold in subjection the propensities and passions.

No animal, except man, possesses a rational will. The animal, like man, is moved by emotion, desire, or if you please, instinct, and when thus moved it can be restrained only by gratification, physical force, or by other emotions, as fear. Man may be controlled in the same manner, but, being endowed with an understanding capable of weighing the consequences of gratifying his desires or passions, and a will subject to the understanding, he is expected to hold himself within the limits of right and law, and if he go beyond their bounds the law justly punishes him as wilfully guilty of a violation of its provisions.

The moral and intellectual powers are not independent of each other. They are intimately bound together, so that, in admitting that disease may begin its ravages in the department of the former, it can advance to no serious extent without involving the free exercise of the understanding. This is admitted by the most eminent advocates and expounders of the doctrine of moral insanity. The ablest of them all says :

Amid the chaos of the sentiments and passions produced by moral mania, the power of the intellect must necessarily suffer, and, instead of accurately examining and weighing the suggestions of the moral powers, it is influenced by motives which may be rational enough, but which would never have been adopted in a perfectly healthy state. It is hard to conceive, indeed, that with an under-

standing technically sound, the relations of a person should be viewed in an entirely different light, the circle of his rights and duties broken and distorted, and his conduct turned into a course altogether foreign to that of his ordinary habits and pursuits. Notwithstanding the correctness of his conversation, and his plausible reasons for his singular conduct, a strict scrutiny of his actions, if not of his words, will convince us that in particular cases his notions of right and wrong are obscured and perverted, and that his own social position is viewed through a medium which gives a false coloring to its whole aspect.

Who could ask more, unless it be to substitute impossible for "hard," so that the paragraph would read, It is impossible to conceive that with an understanding technically sound, the relations of a person should be viewed in an entirely different light? etc. All that we contend for is, that no one can divest himself of responsibility, however much he may be the subject of disease, unless there be evidence to show a morbid condition of the understanding. Such a condition of the understanding is clearly admitted, in the above extract, to exist in moral insanity; and if so, no one will dispute the fact of legal unsoundness of mind; and the controversy will resolve itself into one on the propriety of the use of the qualifying term "moral." Even on this subject much might be said. The term is misleading, and is believed to be inappropriate. It has already excited an amount of feeling and prejudice in the public mind by no means favorable to a cool and dispassionate adjudication of cases involving the plea of insanity. This prejudice has reached legislators, and already movements have been made to define, by statutory provisions, the extent and bearing of the plea. Than this, nothing could be more disastrous to those unfortunate beings who may happen to do some criminal act while really insane. No statute devised by man could fail to work injustice; in the very

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nature of things, it would be so broad as to allow many bad men to escape just punishment, or so contracted as to inflict unmerited chastisement on the innocent. This was felt even amid the public clamor and the parliamentary excitement which followed the acquittal of McNaughton for the murder of Mr. Drummond. While expressing much dissatisfaction, the law lords admitted that no statutes could be framed to remedy the evils of which they complained. But it is not certain that other legislators will exercise the same discretion. It may be that some may even adopt the suggestion made by Smollett, while commenting on the case of Earl Ferrers. He says :

Perhaps it might be no absurd nor unreasonable regulation in the legislature, to divest all lunatics of the privilege of insanity, and, in cases of enormity, subject them to the common penalties of the law.

This would be very unjust and cruel ; yet we cannot say what may be the result when the public come to believe that the members of our specialty are disposed to recognize in each vice a special form of insanity. They may possibly come to the conclusion that if crime and disease are identical, or so nearly alike in their manifestations, the good of society may require that no effort be made to discriminate the one from the other. Possibly this conclusion may be strengthened when it is known that, even under the stringent ruling of the English courts, according to Lord St. Leonard, one-tenth of all the criminal lunatics confined there were never insane, but had assumed the malady to escape punishment.

The authority of distinguished men is always invoked in behalf of the doctrine. Of these, Pinel, Esquirol, Marc, Hoffbauer, Georget, Ray and Prichard are among the most eminent ; and it is sometimes strongly inti-

mated that to question their views is little less than sacrilege.

No one can have been a student of psychological medicine without entertaining for these gentlemen the highest degree of respect. They justly receive the homage due to the highest order of personal and professional merit, and some of them excite so deep a feeling of veneration that one is inclined to an implicit acceptance of their teachings.

But when we reflect that an additional half century, since the time of the illustrious Pinel, has not perfected our science or purged from its doctrines all the errors of the past; that in all sciences, observations grown gray with age have ultimately been proved to be false or incorrectly interpreted; that all human productions are necessarily imperfect; that there is a constant tendency in the human mind to adjust facts to a theory rather than a theory to facts; and that the progress of science of one age consists mainly in exposing the fallacies of the past,—we may be permitted to examine the views and analyze the observations of even the greatest of men, without laying ourselves liable to the just charge of impertinence or presumption.

The only possible method of establishing the doctrine of moral insanity is by observation, and the multiplication of such cases as will force conviction on the minds of medical and legal men.

If this form of mental disease is of such frequent occurrence, and is so easily detected, as its advocates pretend, why are we not enlightened by full details of recent cases, and drawn from their own ample stores? Some of the believers in this doctrine have under care hundreds of lunatics every year, and yet, when we ask

for illustrative instances of moral insanity, we are generally referred to a series of old cases which, for the most part, are given with meagre detail, and not a few of them drawn from that ardent and enthusiastic school of philosophers who undertook to map out on the skulls of living men separate and independent powers of the mind,—that school of materialists and fatalists whose doctrine, if true, makes of man a machine, and not an accountable being.

If the advocates of moral insanity choose to rest their cause on the opinions and cases of men who flourished an age since, why may we not look into these opinions and even analyze their cases?

It must strike one as curious how often these same old cases are made to do duty. They pass down from one author to another as sacred heirlooms pass from one generation to another, and in them seem to be garnered all the affections of those who consider them as the most perfect specimens of the class they are made to represent. This is the more remarkable, since within the past few years the whole theory of moral insanity has been ably contested by such writers as Heinrich, Leubuscher, Mayo and others, and it no longer receives that uniform approbation in the land where it was first recognized as was once accorded to it. Curiously enough, as it is losing ground and becoming effete in the land of its birth, it meets "with an increased support in our own country."

Is its destiny to be like that of the current fashions, which, as they fade away in Paris, gain the ascendancy in America, enjoy a short reign, and then give place to other discoveries?

Another curious fact is, that cases of moral insanity are rarely discovered until its victim stands at the bar

charged with some heinous offence against the peace and dignity of the commonwealth. Prior to the commission of crime, those individuals have attended to their ordinary affairs with as much intelligence as their neighbors; they seem to have comprehended all their relations to society, and to have appreciated fully all the obligations that devolved upon them. But now their friends can remember that there was always something peculiar about them—they were frequently listless and absent minded, held peculiar notions, were disposed at times to melancholy, or to alternate fits of hilarity and gloom; sometimes sought solitude, at others society, were prone to controversy, were obstinate in their opinions, and easily excited by opposition, etc.

Now, I do not believe that a man lives of whom we may not predicate some facts going to show some singularity or eccentricity, and hence it is only necessary to enter the plea of moral insanity to procure a color of evidence in its favor, and without any design on the part of friends, this color is sure to be heightened by the active sympathies of those who testify.

But has not the testimony of the eminent men referred to been rather strained in support of the doctrine of moral insanity, as it is defined by Dr. Prichard?

I have studied the works of all those authors I have mentioned as the most eminent authorities, with a view to settle my own opinions on this subject. It has seemed to me that some of them give to the doctrine only a qualified support, while others entertain extreme views, and on the whole my mind has been forced to the conviction that if it is not ill founded, it is at least not established beyond reasonable question.

Pinel's cases of *manie sans delire* go no farther than to signalize certain instances of monomania in which that delirium and incoherence which distinguish mania are absent, but he does not seem to have intended to exclude the idea of impairment of the intellect. In allusion to these cases, he says he has seen them "scarcely ever without some change or perversion of the functions of the understanding."

His chapter on the curability of this form of mania makes it still more apparent that his idea of *manie sans delire* was not so exclusive as that entertained by many of the writers of the present day. More than once he applies to such cases the term "lucid intervals." If no intellectual impairment existed, there could be no lucid intervals, since all is continued light while the understanding is sound.

Esquirol says: "In the *moral insanity* of Prichard, in the *reasoning mania* of Pinel, in the *mania without delirium*, the understanding is more or less affected. Were it not thus the insane would permit themselves to be controlled by their understanding, and would discover that their views are false, and their actions unusual and strange. Their understanding is more or less at fault; it has lost its influence over the will, and is no longer in harmony with the other faculties. Among the insane who, without motive, are drawn away instinctively to the commission of reprehensible acts, which would be criminal if they enjoyed the use of their reason, intellectual action is suspended." That is textually the language of Esquirol, not mine.

Hoffbauer goes no farther than to admit that "mania may exist uncomplicated with mental delusion." But this is not sufficient to place a case in the category of

moral insanity. In his farther description he says: "there is a kind of moral exultation, a state in which *the reason has lost its empire* over the passions and the actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter." If "*reason has lost its empire*," then the intellectual faculties are impaired—disease is not confined to the sensibilities, but has invaded the realm of thought; and this is all that the opponents of the doctrine deem necessary to be proven in order to free one from responsibility for his conduct. If this view of Hoffbauer be accepted as moral insanity, it may very readily find universal acquiescence.

Dr. Prichard's description, so often quoted or referred to, is too lengthy to be quoted on this occasion; but let it be carefully considered, and it seems to me to make out very clearly the existence of disease impairing one or more of the intellectual faculties. He says, "in many instances there is an hereditary tendency to madness; the individual himself is discovered in a former period of life to have sustained an attack of madness of a decided character;" or the manifestations follow "some reverse of fortune;" or "some severe shock which his bodily constitution has undergone;" or, "there has either been a disorder affecting the head, a slight attack of paralysis, a fit of epilepsy, or some fever or inflammatory disorder." But in the following paragraph, Dr. P. appears to yield the point in dispute. He says: "In one sense, indeed, their intellectual faculties may be termed unsound, but it is the same sense in which persons under the influence of strong passions may be said to have their judgments warped, and the sane and healthy exercise of their understanding impeded." The essential difference

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between the case described and a person in a fit of passion is, that in the former the intellect and the freedom of the will are disturbed by disease, and this essential feature of insanity does not exist in the latter. Some of the highest authorities of recent date are very decided in expressing their opinions. Thus Taylor, in his Medical Jurisprudence, says :

It does not appear probable that moral insanity ever exists in any individual without greater or less disturbance of the intellectual faculties. The mental powers are rarely disordered without the moral feelings partaking of the disorder; and conversely, it is not to be expected that the moral feelings should become to any extent perverted without the intellect being affected; for perversion of moral feeling is generally observed to be an early symptom of disturbed reason. The intellectual disturbance may be sometimes difficult of detection; but in every case of true insanity it is more or less present, and it would be a highly dangerous rule to pronounce a man insane when some evidence of its existence was not forthcoming. The law does not recognize moral insanity as an independent state; hence, however perverted the affections or moral feelings may be, a medical jurist must look for some indications of disturbed reason.

Wharton and Stillé say :

While the entire intellect enjoys sound health, there is nothing in which a morbid desire of theft, murder, etc., could originate, and such a phenomenon is a psychological impossibility; and the assumption of such requires a psychological contradiction. A *mania sine delirio*, a mania without a morbid participation or disturbance of the perceptive faculties, is therefore out of the question, as a desire to injure or destroy is impossible without an act of the mind by which this purpose is entertained, and as reason and understanding are alike disordered, whether they insinuate a wrong motive for the morbidly conceived purpose of the act, or whether they entirely omit the suggestion of any reason whatever.

Of all the cases adduced as instances of moral insanity the homicidal variety is the most important. In look-

ing over these cases, it seems to me that they belong to four classes :

1st. Such as are not insane, who shed the blood of their fellow-creatures under the influence of passions that have known no restraints.

Of this class is Pinel's first case. "An only son of a weak and indulgent mother was encouraged in the gratification of every caprice and passion of which an untutored and violent temper was susceptible. When offended by a dog, a horse, or other animal, he slew it;" and so he proceeded to man's estate, when, becoming enraged, he killed a woman. There is no allegation that this young man was the subject of disease. No changes of character or habits are alleged. The whole life was a consistent course of cruelty and wickedness. Similar cases are to be found in all of our great cities, and many more in the humbler walks of life, who are schooled from their earliest years in every vice, not excepting murder. Many of these, and probably the person whose case Pinel reports, would, in a school of virtue and under proper restraints, have exhibited no such horrible traits of character. We may commiserate the unhappy condition of one so unfortunately educated, but justice demands that he shall not escape punishment under the sacred plea of insanity.* If outbursts of what is termed ungovernable passion are to free one from responsibility

* If he had killed his own mother, he might have adopted the language of the parricide Schmitt, whose case is related by Georget. When he looked upon the dead body of his father, he said: "If you had raised me better, this would not have happened." The French writers insist much on a faulty education as a principal cause, and there is no doubt that they have given in this the key to most of the histories with which legal and medical works are lately filled.—Beck.

for acts of atrocity, no one can be safe from the violence of the worst of our species. It is a duty of men to control their passions; and if they allow them to overbear reason and sense, they must be made to feel the wholesome chastisements of the law.

The second class embraces a number of instances reported of persons who confessed that they were or had been the subjects of impulse to do wrong, without motive.

I do not believe that every impulse of this kind makes a man a maniac. The intellect was still sound in these cases and controlled the conduct of the individual. The understanding was still sound and abhorred the thought, and the will was obedient to the dictates of reason; the persons were still sane and accountable for their acts.

Marc was not insane when, for a moment, he entertained the idea of thrusting a poor boy from a bridge into the river; nor Prof. Leichtenberg when he experienced pleasure in reflecting on the means by which he might destroy the life of a certain person; nor the servant of Baron Humbolt when she asked to be discharged from his service fearing she might injure the child she loved.

The third class consists of a very large number of cases referred to as instances of moral insanity in which intellectual impairment was indisputable, and was made manifest by the grossest delusions. Of course, these are clearly beyond the limits assigned to moral mania.

Earle Ferrers belongs to this class. He is adduced as an instance of this form of disease because "his reasoning powers were sound and his conversation rational." But Earle Ferrers, without cause, imagined that his relatives had formed a conspiracy against him,

in which his victim was an accomplice. In commenting on this case in his history of England, Smollett says: "Unfounded jealousy of plots and conspiracies, unconnected ravings, fits of musing, incoherent ejaculations, sudden starts of fury, denunciations of unprovoked revenge, frantic gesticulations, and a strange caprice of temper were proved to have distinguished his conduct and deportment." Surely there was something more in this case than a perversion of the affective functions.

Hadfield, Bellingham and McNauton are of this class.

The fourth class embraces those unfortunate subjects in whom there is no apparent delusion, but the details of whose history warrant the inference that their understanding is unsound. We have an instance of this kind in the case of a mechanic, related by Pinel. Well marked physical symptoms proved the existence of disease affecting the brain, and his paroxysms of fury showed a paralysis of the ruling powers of the mind.

Who can believe that amid the storm of fury which bears one along, slaying indiscriminately all with whom he meets, that the affective functions are the exclusive seat of disease? Is there not in the details of all such cases sufficient evidence to warrant us in pronouncing that we are called to deal with monsters in crime, or with those who are suffering under a lesion of the understanding?

Admitting lesion of the understanding, you have a case of insanity in which the plea of irresponsibility is legitimate, and will be questioned by no one; admit perfect soundness of the intellectual faculties, and there are no criteria by which you can distinguish the act from one of unprovoked and horrible crime, perpetrated by a wicked and abandoned man. It will not do to say there

was no motive and appeal to the atrocity of the offence as a proof of insanity. History and our own observation furnish instances of persons who delighted and fairly revelled in crime and bloodshed. Nero could fiddle while Rome burned and unroofed the dwellings of his subjects, and he witnessed with no less delight the shedding of the blood of thousands.

In our own day we have had accounts of desperate men who delighted in spilling blood and in the practice of other enormities.

Those who dissent from the doctrine of moral insanity have been charged with a want of care or lack of ability to perceive the true character of the cases which have passed under their observation. Because they have failed to discover cases of the numerous special manias of the day, they are said to be wanting in accurate discriminating powers. For myself, I will not resent the imputation, but I will do so, most earnestly, in behalf of my confrères, with whose sentiments I am in accord, because their fidelity, ability and acuteness of observation are attested by many years of distinguished service and success. There is no motive on their part for wilful blindness, and there is abundant evidence that they have examined the question in all its aspects, have sought light from all quarters, and brought the doctrine to the test of their own large and instructive observation. Some of them were not only without prepossession or prejudice against the doctrine, but were its believers and advocates on the faith of others' teaching until a more thorough investigation and personal experience exposed their error.

It cannot be expected, in a question like this, that a negative can be proven; yet a statement of facts in

opposition is not to be lightly considered. Dr. McFarland has had under care nearly 3,000 insane persons, and has failed to find a single case of what is termed moral insanity. The same is true of Dr. Gray in 5,000 observations; Dr. Workman, 2,000; the late Dr. Ranney, 6,000; to which I may add my own observation during the last eleven years in an institution containing an average of over 200 patients, and also that of many other superintendents of hospitals for the insane, the extent of whose experience I do not precisely know.

One of the pestilent evils in modern medico-legal science is the disposition manifested by our ablest writers to multiply the species or varieties of insanity. The fault lies principally with medical writers, but is seized upon with eagerness by the lawyers, who too often seek that success in confusion, complication and darkness which would be denied them where order, simplicity and the light of truth prevail. With a universal concession that all classification of insanity is now and must forever remain imperfect, and is of little practical importance except for the convenience of arranging facts and of studying the disease in its multiform phases, we are constantly augmenting what we call species or varieties, when we are only seizing upon prominent features which distinguish different cases. If this process of refinement continues and is generally accepted, we will soon find ourselves in the mazes of a labyrinth from which I fear no Theseus will be found capable of threading his way.

All that can be said in truth is that insanity is essentially a unit consisting in a perversion or impairment of the mental faculties caused by disease, but that the prominent symptoms which denote it are not the same

in all cases. The same is true of other maladies. We readily distinguish any particular form of fever, although each case may differ from others in the symptom or set of symptoms which show the greatest degree of intensity. But no one thinks of seizing on these varied manifestations, and making of them so many varieties of fever. Why then shall we, because the insanity of one person is manifested chiefly by moral obliquity, add the prefix moral; or, because others are disposed to murder, steal, burn, etc., erect each of these into distinct and peculiar forms of mania? In the closet these distinctions may be well enough. We note them, necessarily, in any thorough and analytical examination of our cases, but where is the necessity of making these distinctions when the simple question is, does insanity or unsoundness of mind exist? If a jury find in the affirmative they are not required to acquit because of moral or homicidal insanity, but simply by reason of insanity. The expert is expected to give his opinion in the case, and he can do nothing more, except to state his reasons for or against the plea. Fancied forms of the disease are not material points at issue; it is sufficient to establish the existence of mental unsoundness. It not unfrequently happens that experts agree on the main point at issue, and find themselves wide asunder in any attempt to class the particular case, thus opening a large field to legal gentlemen for cavilling and for eloquent diatribes on the differences of doctors and the uncertainty of our science.

As I have already intimated, the forms of moral insanity are limited only by the number of vicious propensities which may stimulate to the perpetration of crime. The plea of kleptomania has afforded protection

to many who richly merited the punishment justly due to those whose cupidity lead them to commit a little plain stealing. If there is no other evidence of mental disease, by what means are we to discriminate the act from pure vice?

Two females enter a merchant's warehouse, both conduct themselves with apparent propriety. After their departure, the merchant discovers the loss of some of his goods; the women are pursued, and a portion of the lost goods is found on the person of each of them. Now some antiquated persons would presume to say that here were clear cases of theft. But no such thing; the plea of moral insanity is interposed with a surprising degree of gravity and no small display of learning. On the trial, the intellects of both are admitted to be clear and unclouded, and their previous conduct without reproach. The cases are perfect parallels, except that one is in indigent circumstances, and is surrounded by only humble friends, while the other enjoys large means and numerous wealthy and respectable friends. Who does not see that the plea will cover and sanctify the act of the latter, and prove wholly unavailing to the former. One is supposed to have had a motive for the acquisition, the other none; so one goes to expiate her crime in a loathsome prison, the other retires to her home of luxury, the pampered daughter of fortune. This is no fancy sketch, but has been too often enacted in real life. If there be no other evidence of disordered mind except the mere fact of the theft by one who is supposed to have had no motive for the act because she is in affluent circumstances, it must be apparent that the plea can never be available to the mass of mankind, and the luxury of stealing with impunity must be reserved as one of the privileges of aristocracy.

Lying, too, assumes its rank among the special insanities, the monomanias of crime. While it is indulged in the harmless variations of stories and the like, I suppose it had as well pass under the name of moral insanity as any other; but, if the malady happens to strike the material interests of others, as by slander; or, if it lead to perjury, I doubt not that the very best treatment, as for most cases of alleged kleptomania, would be a little wholesome punishment according to law.

And then we have oinomania, pyromania, homicidal and instinctive mania, and so to the utter exhaustion of all the vicious propensities of bad men.

I would not be misunderstood. It must be confessed by all who are conversant with the insane, that the malady is often strongly marked by a propensity to theft, lying, incendiarism, shedding of blood, etc., and I do not intend to go any farther than to say that none of these crimes should be recognized as insanity, or go unpunished when they stand alone—that so long as there is no evidence of intellectual impairment the accused should be held strictly accountable to human laws. It is possible that under this rule some may suffer whom the Almighty, who alone can penetrate the secrets of all hearts, may hold guiltless. But, says Chief Justice Hornblower:

The object of legal punishment is principally to prevent crime and preserve the peace of society. This is to be effected, so far as possible, without injustice to any. But human laws are imperfect—human knowledge is imperfect; and if the law is to be administered upon such rules only as would render it an *impossibility* that any one should be improperly condemned, or that error or injustice should ever be done, then the administration of justice would be impracticable, that our courts, both civil and criminal, might as well be closed.

There can be no doubt but there are many cases in which mental derangement is manifested chiefly by departures from moral rectitude. The intellectual impairment may be so masked that its existence may be only inferential. When this is the case, I know it will be said that its existence is only a matter of opinion. This is readily conceded. But this is the very purpose for which the expert is called into court—to give an opinion founded on all the details of the case, and guided by the teachings of his art or science and his own experience. In all doubtful cases the French practice is wise, just and humane, and ought to be adopted everywhere. The accused is submitted to the surveillance of competent psychologists for any period of time that may be thought necessary for the full development of the malady, if it exist; or to detect the imposition if it is simulated. Under this practice it would be difficult to find a mistake. The warmest advocates of moral insanity admit that time only is wanted to make manifest a morbid condition of the understanding. Dr. Ray says: "When the moral powers have become so deranged as to lead to criminal acts, without, however, any perceptible impairment of the intellect, time only is necessary, in the greater proportion of cases, to furnish indubitable evidence of mental derangement."

If, however, under our system of practice we cannot have the necessary time to unravel a doubtful case, we can do no more than give an opinion and the reasons therefor, and leave to the court and jury the responsibility of determining what weight it is entitled to. If the whole history of the accused, and the details of his conduct and ideas preceding, accompanying and following the criminal act lead me to the opinion that he is the

subject of mental disease, so far as to make him not accountable, I will infer unsoundness of the intellectual powers, although this may not be apparent on the surface. But I cannot say that a man is unaccountable while I believe that the only basis of accountability is sound and normally active.

It is lamentably true, and bodes no good to us or our posterity that a sickly sentimentality, a morbid humanitarian feeling has in modern times struggled for the ascendancy in almost all the departments of life, and has even invaded the precincts of science and reached men of ability in high places. In this direction the impulses of the heart threaten to supplant the dictates of sound judgment and experience; the accumulated wisdom of past ages is ignored; moral depravity is allowed to usurp the immunities of disease, every vice is finding a place in the nomenclature of human maladies, and the courts are filled with pleas of moral mania, dipsomania, homicidal mania, pyromania, kleptomania, instinctive impulse, so that we are likely to have the world crowded with maniacs who may get drunk, murder, steal, burn, forge, rape, and work utter destruction to social order and the peace and happiness of society, without any reasonable apprehension of the infliction of those salutary penalties which have been provided by the wisdom of our fathers for the protection of human rights. It is time to be looking for the ancient land-marks which once secured society from rapine and violence, and which modern fallacies in morals and the evil tendencies of science threaten to obliterate.

It is surprising how frequently insanity is inferred from the *mere apparent absence of motive, and from the atrocity of the deed*, and the readiness with which many

accord immunity to the fancied victims of *uncontrollable impulse*. Boileau says: "The first act of insanity may be murder, or other criminal offence, and constitutes its sole indication." "This," he says, "constitutes the instantaneous, temporary or transitory insanity of Hunke, Marc, Cazanviceith and others. A distinguished English writer is not far wrong when he declares: "We sternly repudiate this last sickly and spurious theory, which would place the innocent and virtuous entirely at the mercy of the most base and ruffianly impulses of our fellow men. It would relax all the bonds of self-restraint and afford a premium on the indulgence of ungovernable passion." Murderous impulses are certainly not uncommon with the insane, and their insanity is a legitimate excuse for the violence they commit. But it is quite another thing when the impulse itself is relied upon to prove the existence of insanity. In this case the pathognomonic and sole test is that of irresistibility, a condition that can be known only to Deity.

If apparent absence of motive, or inadequate motive, and the atrocity of the offence are sufficient to establish the existence of moral or homicidal insanity, the first murderer might well have availed himself of the plea; and I doubt not if it were possible for its parallel to occur in this day of "a more enlightened and homogeneous jurisprudence," moral insanity would be urged and enforced by all of those authorities who believe that human responsibility may cease without any impairment of the human intellect. The case of Cain is not without instruction to us. It bears the marks of many cases in which insanity is pleaded in modern courts. But four human beings trod the earth; one-fourth of the world with all its rich products was his, there was no provoca-

tion or motive of gain for the atrocious act, and yet the gentle and pious Abel was slain while quietly tending his flocks. Can a stronger *prima facie* case of moral insanity be made out? But it was adjudicated by Him to whom the secrets of all hearts are known, and a punishment inflicted which the culprit declared was "greater than he could bear." A human tribunal that is ready to admit mental alienation in him who commits a homicide without positive interest, or apparent motive, or reasonable passion, would have spared the first shedder of blood all the pains and penalties inflicted upon him.

Absence of motive was made a strong point in the celebrated case of Henriette Cornier, and she was condemned to imprisonment instead of to capital punishment.

After thirteen years the "*Gazette des Torbernaux*" announced that she had confessed that she was actuated by revenge. That having had intimate relations with Belon, she determined on revenge from the moment he espoused another woman. She sought a situation in the neighborhood for the purpose of accomplishing her design. Having deliberately laid her plans, she murdered her old lover's child by severing its head from the body.

We cannot then admit the existence of disease as an excuse for crime while the act bears all the marks of moral depravity, and while there is no evidence of unsoundness of those faculties on which alone man's accountability is founded. In conclusion, I adopt the language of one who has closely observed many thousand cases of insanity without being able to discover a single example coming within the limits assigned to moral insanity:

If others can afford to reject those rules for tracing human passion to its source in sin or disease, which are the crystalization of all legal wisdom from the beginning, and in accordance with which Cain was found guilty by the great Judge, we have only to say we cannot. That they afford but a dim light where all can be known only to Omniscience, is what we should expect; but this cannot be a reason for deserting them to follow the *ignis fatuus* of moral insanity.

PROVISION FOR THE INSANE POOR IN THE STATE OF NEW YORK.*

BY GEORGE COOK, M. D.

The Legislature of the State of New York, on the 30th day of April, 1864, passed an act by which the Secretary of the State Medical Society, the late Dr. S. D. Willard, was authorized "to investigate the condition of the insane poor in the various poor-houses and other institutions where the insane poor are kept, not including, however, such institutions as are now required by law to report to the Legislature of the State." Dr. Willard made the investigation in the manner prescribed by law, and submitted his report to the Legislature at its annual session in 1865. "The facts elicited by this investigation," says Dr. Willard, "are too appalling to be forgotten, and too important to be thrown aside. In order to make room for recent cases and such as afford

* Read before the Association of Medical Superintendents of American Institutions for the Insane, at the Annual Meeting, held at Washington, D. C., April 24, 1866.

promise of relief or cure by treatment, and those are constantly urging for admission, and humanity demands that they shall not be turned away, it becomes necessary for the State Asylum to return to the counties by which they have been supported at the asylum many chronic and incurable cases. In many instances the counties have little or no disposition to send recent cases there, prompted by the idea that they can be supported at a less expense in a county poor-house. The State has grown immensely in population, and in due ratio the number of its insane has increased, until its State Asylum is filled to its utmost capacity, and the tide of its overflow has set back upon the county poor-houses; and they too have become filled to an excess of human misery, degradation and wretchedness that wrings a cry of distress from the heart of every philanthropist."

These extracts are made from Dr. Willard's report in order to show, on the authority of one commissioned by the Legislature of our State, the sad and neglected condition of the chronic insane poor in our county poor-houses. If any one has a desire to know all their wretchedness and misery, they will find the details given in Dr. Willard's report, also in a report made in 1856, by Senators Spenser, Bradford and Lee.

The message of his Excellency, Governor Fenton, to the Legislature in 1865, refers to the condition of the insane poor in the county houses, and contains the following statements and recommendation:

The Legislature of 1864 directed an investigation into the condition of the insane poor confined in the various county poor-houses. A report by Dr. S. D. Willard will be duly presented, showing the deplorable condition of this most unfortunate class. There are in fifty-five counties, not including New York and Kings, thirteen hun-

dred and forty-five lunatics, confined in poor-houses or poor-house asylums, nearly all of whom are incurable. Many have become, and others are fast becoming incurable from inefficient care and treatment. The time has arrived when legislative provision for them should be made. The propriety of establishing an institution for incurables; an institution that shall relieve county authorities from the care of the insane, should be deliberately considered.

More than one-fourth of this number of insane are capable of some labor. To what extent this labor, organized and systemized, might be made productive in the maintenance of an institution, under well directed medical supervision, is likewise worthy of consideration.

The question being thus presented to the Legislature, the result was the creation of the "Willard Asylum for the chronic insane and for the better care of the insane poor," by an act passed April, 1865; the death of Dr. Willard at this time suggesting the perpetuation of his name in this connection.

Before entering upon a discussion of the action taken by the Legislature, and in order to present the subject for intelligent consideration, I will state, as concisely as the nature of the subject will permit:

1st. The existing provision for the insane poor in the State of New York, and the laws pertaining thereto.

2d. The design of the Willard Asylum, and what it is intended to accomplish.

The State Asylum, at Utica, which, at the present time, accommodates about 600 patients, is the only State provision made for the insane poor. The counties of New York and Kings have county asylums. Two classes supported at public expense are received at the Asylum at Utica—the indigent and pauper. The county judges are authorized to send patients in indigent circumstances, but not paupers, who have been insane less than one year, and such patients may remain two years unless

they sooner recover. The county superintendents of the poor send patients of the pauper class either to the State Asylum or to the county poor-houses. Those sent to the State Asylum by the superintendents of the poor are mostly recent cases. These are subject to removal by the superintendents of the poor, and the law also provides for the removal of patients of the indigent or pauper class, when, in the opinion of the superintendent of the asylum, they are not likely to be benefited by remaining longer, and the room they occupy is needed for recent cases.

Seventeen years ago the State Asylum began to return the chronic insane to the county poor-houses. Under the operation of our State lunacy laws, the insane population of these receptacles has been yearly increased, from this and other sources, until the number thus left unprovided for approaches fifteen hundred.

The act creating the Willard Asylum contains, among others, the following important provisions :

1st. That all cases of insanity of less than one year's duration, shall be sent to the State Asylum, at Utica.

2d. That after the completion of the Willard Asylum no more chronic insane shall be sent from the State Asylum to the county poor-houses, but shall be transferred to the Willard Asylum.

3d. That when the Willard Asylum shall be ready for the reception of patients, the Board of Trustees and the Governor of the State shall designate the counties from which the chronic insane now in the county houses shall first be sent to said asylum.

The design of the Willard Asylum is to take the chronic insane poor just where the former lunacy laws of our State failed to make provision for them, and left

them to fall into the county house receptacles; it will take those who, under the operation of the same State laws, have been placed and kept in these receptacles for many long and weary years of wretchedness, and provide for them in a humane and christian-like manner, in an asylum built for their special care and treatment, under the supervision of a Board of Trustees to be appointed by the Governor and Senate, with a competent medical superintendent as the chief executive officer.

I am informed that the plan of building comprises a hospital structure for the paroxysmal, excited and grossly demented, with sections of cottages, plain and inexpensive in their construction, for those whose condition is such as to permit of their being employed in agricultural, horticultural, or other industrial pursuits, with benefit to themselves and to the asylum. It is believed that the plan of building here indicated will materially reduce the cost of construction, allow of a system of classification and general management which will considerably diminish the cost of maintenance; at the same time the health and happiness of the patients will be in the highest degree promoted. This plan also permits of expansion in such a manner as to obviate the objections to a large establishment under one roof. It would seem that such a design should receive an earnest "God speed" from every man who has sympathy for human infirmity and suffering.

The Willard Asylum is farther designed to supercede the system of providing for the chronic insane in the poor-houses, and to this part of its destined work I attach the greatest importance. When it shall be completed, no more chronic insane will pass from the care of the State Asylum to the county poor-houses. The law

will then provide for their continued care and treatment by sending them to the Willard Asylum. It will take from the county houses some hundreds of this class, place them in a properly constructed asylum, care for them in accordance with medical and humane ideas, develop their industrial capacities and resources, and demonstrate the fact that they can be properly provided for at a cost per week which will place such care within the reach of every county, thus opening the way to the complete abandonment of county house receptacles. This would also seem to be an object worthy of all commendation.

In short, the friends of the Willard Asylum claim that the act creating it is a step in advance of any hitherto taken in the State of New York; that it recognizes for the first time a vitally important principle by which the right of the recent and chronic insane to proper care and treatment, under State supervision, is acknowledged, and provision made for them by the State Legislature. They claim that the hospital system in the State of New York, by which the recent cases are specially provided for, is incomplete; that provision for the chronic cases is also necessary to make a system of caring for the insane comprehensive. This essential requisite the Willard Asylum is designed to supply.

Having thus called attention to the condition of the chronic insane, resulting from the operation of our lunacy laws, and in general terms indicated the nature and design of the new asylum, I pass to a consideration of some of the objections which have been made to its establishment. In doing this it will be necessary for me to follow the objectors, and enter upon a discussion of details which I have hitherto purposely avoided. By

pursuing this course I have hoped to avoid needless repetition.

I have only to remark before entering upon this branch of the subject, that the friends of the new asylum for the chronic insane find their plans and purposes first presented to the medical profession and the general public in the language of those who do so for the purpose of opposing and overthrowing them. Without waiting for a development of these plans, or for a fair exposition of them from those who believe them worthy of adoption, an assault has been made upon them, commencing in our own State and sustained therein, by reference to the opinions of superintendents of asylums in other States, who have recently devoted no small space in their annual reports to the discussion of this subject. I am not disposed to complain of this; perhaps the cause of truth and humanity may be as effectually subserved in this way as in any other; but it has seemed to me that as the Association of Superintendents, at their last meeting, appointed a committee to investigate and report upon this subject, it would have been more courteous for the members of the Association to have awaited the report of their committee. In consequence of this action, the friends of the asylum for the chronic insane in the State of New York find themselves compelled to defend the position they have taken in support of the legislative action of 1865.

It is asserted in a general way that in establishing an asylum for the chronic insane, we are "making a retrograde movement," that "upon no subject connected with provision for the insane has the verdict of the profession been more unanimous than in their condemnation of asylums for incurables." It is farther asserted that the "separa-

will then provide for their continued care and treatment by sending them to the Willard Asylum. It will take from the county houses some hundreds of this class, place them in a properly constructed asylum, care for them in accordance with medical and humane ideas, develop their industrial capacities and resources, and demonstrate the fact that they can be properly provided for at a cost per week which will place such care within the reach of every county, thus opening the way to the complete abandonment of county house receptacles. This would also seem to be an object worthy of all commendation.

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tion of recent from chronic cases is wrong in principle," and leads to abuses in practice ; that it is not for man to "pronounce the decree of incurability and consign the insane to life long hopelessness," and much more in the same vein. This manner of presenting the subject is more specious than accurate. If one were to listen to what has been said in opposition to separate provision for the chronic insane in the State of New York, having no knowledge of their actual condition, he would suppose that they were now amply provided for in curative hospitals, and that some restless, dissatisfied theorists, not content to leave them in such good care, were, in violation of all professional and humane ideas, endeavoring to thrust them out and precipitate them into a hell, over the gateway to which shall be inscribed,

All hope abandon, ye who enter here.

But instead of this we find that under the sanction of law the chronic insane to the number of about 1,500 are now confined in the county poor-houses, some of them having been returned from the State Asylum as incurable, others never having had the benefits of asylum treatment. Bear in mind their condition as described by Dr. Willard. Could there be a separation more broad and deep than is thus made by the laws as administered in the State of New York, between the so-called curable and incurable insane? On the one side all the care, comforts and appliances of a modern hospital for the insane ; on the other all the neglect, confinement and filth of the poor-house system. And observe that the *separation has been made by the laws and its administrators*, not by those who now urge better provision for the

unfortunate class thus left, in the approving words of one who has recently spoken on this subject, "to take their chances."

In view of these facts, is it fair, is it just or right, when some special provision is proposed for these helpless and friendless insane, to meet the proposition by saying, "you are taking a step backward," "you are lowering the standard," "the curable and incurable insane ought not to be separated," "to care for them in separate institutions is wrong," "and it can never be economical to do wrong"? And yet for the last fifteen years has this standard, for which such jealous regard is now shown, been trodden under foot by those who have administered our lunacy laws, and been trailed in the filth of our county house system. The backward step which was taken years ago has become entrenched in the strongholds of county policy and poor-house economy; the decree of incurability which we are now told is so dreadful in view of the transfer of patients from one asylum to another, has often fallen from the lips and pens of our asylum superintendents, thereby consigning patients to county house receptacles for reasons of incurability.

This separation of the recent and chronic insane having been made in the State of New York, and having become firmly established in the operation of our former lunacy laws, the question presented for solution was clearly this: What practical measure could be brought forward which would first check the stream of insanity flowing into the county poor-house receptacles, bridge over the gulf lying between our present hospitals and these receptacles, and ultimately secure their entire abandonment by the adoption of a comprehensive system of

care, comprising within its provisions all the insane poor of the State?

Could this be attained by the erection of one or more buildings on the plan of our present State Asylum, to be governed by the same laws in regard to the admission and discharge of patients?

The Association of Superintendents of American Asylums have decided that 250 is the maximum number which should be provided for in one hospital. If two such hospitals were to be built, some slight relief would doubtless be experienced, the public and professional conscience would be, for the time, soothed, and we should go on for a few years in the future as we have done in the past. The new hospitals would gradually reach the condition of the present one, and in their turn overflow into the county house receptacles, which would of necessity continue to hold the great mass of chronic insanity; and when some startling exposure of abuse and neglect should again be made, another hospital would be proposed, and after years of delay would, perhaps, be erected. Thus we should go on, and while adding to our number of hospitals, yearly add to the number of chronic insane in the county houses. Is this the solution of the question proposed? Or will it be said, change the law, provide for the retention of the chronic class, and erect hospitals on the present plan for all the insane, each hospital to receive the recent and chronic cases of a certain district.

For fifteen years efforts have been made, without success, to secure the passage of a bill through the Legislature of the State of New York for one or more State hospitals of this character. What probability is there that a scheme will now be adopted which would involve

the erection of five or six hospitals and the expenditure of two millions of dollars to provide for the insane poor now in the county houses? County authorities are, in many cases, reluctant to send even their recent insane to the State Asylum for treatment; they are unwilling to incur the expense. They would not send the chronic insane except on compulsion; and a compulsory law for such a purpose would meet with determined opposition. No such provision for the chronic insane will ever be made in the State of New York. If there ever was a time when such a result could have been reached, that time has passed beyond recall.

Under these circumstances, and with a knowledge of all the facts, Dr. Willard made his report, and Governor Fenton recommended the subject to the Legislature as worthy of earnest consideration. To leave the chronic insane poor in the county houses, in their present deplorable condition, was wrong; to provide for all of them according to the propositions of the Association of Superintendents for the construction and organization of State hospitals was impracticable. Only one other method presented itself—separate provision in an asylum of cheaper construction, and with diminished cost of maintenance. This seemed to offer a practical solution of the difficult question, and was adopted.

This statement of facts is, perhaps, a sufficient answer to the general objection brought against separate asylums for the chronic insane. The separation being already made, even supposing that separate provision is not the very best that could be made, yet if it is the only one attainable, is it not wiser to take it rather than adhere to the unattainable, and get nothing?

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An editorial article in the JOURNAL OF INSANITY for October, 1865, which, by the way, appears to have suggested the continued discussion of this subject, assails the Willard Asylum in a spirit so unfair, and is so inconsistent even with itself, as to demand some particular notice. This article is noticed here as a marked example of the style of discussion which has characterized the ill concealed hostility toward this new institution.

It is stated by the writer that "thirty per centum would be an approximate estimate for the acute or recent cases under treatment at Utica," and considerable space is occupied in showing how difficult it is, under the present system, to "discharge the duties of the medical office." "These favorable cases," says this authority, "receive the greatest share of the physician's solicitude and care," consequently we are left to conclude that the smaller share only is left for the seventy per centum of chronic cases. Yet we are told on the following page "that the treatment of chronic mental disease is the peculiar province of medical science, and that its successful practice demands the highest qualities of the physician and the widest range of the materia medica." If this be true, does it not follow that the highest welfare of every seventy chronic cases is sacrificed for the sake of the thirty recent cases? If, under the present system, the time and attention of the medical officers must necessarily be so largely occupied by the recent to the neglect of the chronic insane, why object to separation? And why assume, as is done in this article, that under separate care the chronic insane are to be still more neglected? Does he, and those who agree with him, intend to assert that the presence of these recent cases, occupying most of the time and attention of the medical

officers, is necessary to secure the best care and treatment to the chronic cases, upon whom they have only time to bestow a hasty glance and a good morning? I confess to being so obtuse as not to be able to discover just where the "highest qualities of the physician," which we are told are required for the treatment of chronic insanity, are brought into active exercise under this system.

An asylum which should retain its chronic cases under care, would soon have but few yearly vacancies for the reception of recent cases. Unless we are content with the county house system, or establish separate asylums for the chronic class, this course must be adopted. The result will be that in State asylums thus managed the passage of a few years will fill their wards almost entirely with old cases, with, perhaps, ten per centum of recent cases. Dr. Bucknill stated that of 600 patients under his care, he regarded only forty as curable.

The argument, or rather the assumption, of those who stand prominently forward in opposition to the plan of the Willard Asylum is clearly this: that the presence of these few recent cases is essential to the care of the greater number of old cases; that without the former, the latter would be liable to abuse and neglect so gross as to warrant them in calling the place where they should be separately cared for, a hell in misery and hopelessness. Do they wish to be understood as saying that in the discharge of the duties of their official position they have no regard to the Divine commands which bear upon human conduct; that they have no regard to human laws, which they profess to obey; that boards of managers are only useless appendages; in short, that the only thing which can or does secure the poor, help-

less chronic insane under their charge from oppression and abuse, is the ten or thirty per centum of recent cases placed under the same roof. Such would be the legitimate deduction to be drawn from the arguments used against separate provision for the chronic insane. May I not be pardoned for saying that the arguments are absurd and the conclusions unworthy of belief?

Under an asylum system receiving and retaining the recent and chronic insane indiscriminately, I admit that the highest good of either one or the other class must sometimes, perhaps often, be sacrificed. When patients of the two classes are placed together in the same wards, and the recent cases have bestowed upon them the requisite medical attention, if they are carefully observed by the attendants, diverted by amusements, taken out for gentle exercise, then the chronic insane must have the same treatment, or be left to idleness. If the latter, however, are given some regular, active employment, which but serves to promote their health and happiness, the recent cases must be neglected. If you give to each class, when thus mingled together, the care best suited to them, then you largely increase the cost of attendance. Here you have a reason why the labor of patients is often made of so little value under the present system.

X In other words, there are two distinct ends to be attained, requiring different construction, organization and management. If we attempt to attain these ends by a commingling of the two classes in the same wards, we meet with conflicting interests, and are compelled, frequently, to sacrifice the highest good of one class to the other. Need I add that the sacrifice falls mainly upon the chronic class? This practical difficulty in asy-

lum management would be removed by separating the two classes.

We are also told in this article that "there is no subject connected with provision for the insane upon which the verdict of the profession has been more unanimous than their condemnation of asylums for incurables." The Willard Asylum is designed to make provision for the chronic insane, and I suppose the writer assumes to pronounce them all incurable, and therefore this is to be an asylum for incurables existing under the condemnation of the profession; else there would be no point to his assertion. And then he proposes to inscribe over its doors Dante's inscription over the portals of hell. Think of this for one moment; call to mind where these patients are to-day, look in upon them in their filthy, narrow cells, the only care bestowed upon them coming from the hands of their pauper associates; behold them as they come forth from their degradation and misery to the care and comforts of an asylum under State supervision, and judge ye what manner of spirit could prompt the hand that aimed to attach such a stigma upon so great a charity!

I have only to say, in reply, that the Willard Asylum is not simply an asylum for incurables, though doubtless the largest number of the patients it is designed to provide for are beyond all human hope of restoration. Again, asylums for the chronic insane are not unanimously condemned by the medical profession. So far is this from the truth, that two of three superintendents who have had charge of our State Asylum, observing the defects of the present system, have commended their establishment as necessary to a comprehensive system of provision for all the insane poor. I quote from their

published reports on this point, and if it were necessary to my present purpose I could fortify their opinions by numerous quotations from American and foreign writers. But it is my design to confine the discussion as much as possible to the condition and wants of the insane poor in the State of New York.

Dr. Brigham says: "I hope the time will speedily come when, in every State, good asylums will be provided for this class of patients." He says much more upon the subject, to which I shall have occasion to refer when I come to speak of employment.

Dr. Gray says: "The partial and limited provision for the insane (referring to the present hospital system) must give way to some system more comprehensive and just, and more in accordance with the civilization of the age. In the care of the poor and the insane, much is yet to be done. A system based upon the wants and condition of the various classes to be relieved, must be developed and put into operation. Hospitals, with all their varied appliances for the treatment of acute diseases, must still be demanded, but for the care of chronic insanity, more simple and less expensive arrangements will be required and adopted."

To all of which I respond with a hearty amen. Here we have a very good professional foundation for the Willard Asylum. Instead of a unanimous condemnation of special and more economical provision for the chronic insane in the State of New York, we find a unanimous commendation of it from all the Superintendents of the State Asylum who have placed their views upon record.

Hope, we are reminded by this writer, "possesses a powerful influence in promoting recovery from disease." The truth of this is beyond question. And having

assumed the right to inscribe over the gateway of the Willard Asylum Dante's inscription to the portals of hell, he adds, "deprived of auspicious hope, branded with incurability, under the twofold burden of disease and despair, the sufferer from chronic lunacy drags through his miserable life." And in a marginal note he says, "the medical solecism of pronouncing any patient incurable we deem hardly worthy of notice." Yet observe how ready he is to put the term in the mouths of those who use it not. He will not find the word incurable in the act creating the Willard Asylum, and I know not by what right he assumes to use the term in connection with it. Would he have us understand that he regards "chronic" and "incurable" as convertible terms?

And what would be thought of the proposition to write Dante's inscription over the entrances to the asylums for the aged poor, whose hope rests only beyond the grave; over the asylums for the deaf and dumb and the blind, for whom human power can only bring relief, not restoration; over the special hospitals into which are gathered the victims of phthisis, and other forms of chronic disease, not always or generally within the reach and control of human agencies, other than those which serve to alleviate human suffering? The Willard Asylum is designed to apply the same principle to the hitherto neglected chronic insane, to provide for their peculiar wants, and in so doing it is claimed that instead of abandoning hope, there is extended to this unfortunate class the strong hand of human aid and sympathy. I venture to say that an asylum erected, organized and managed for the express purpose of providing for the chronic insane, will present as good a foundation for hope to rest upon as the county houses of the State of New

York ; and some patients who have been sent back from the State Asylum, in the language of this writer, "branded with incurability," and pronounced as beyond hope of benefit, have recovered even in them. I may venture even farther, and say that I hope for more frequent recoveries under such a system of care as is proposed at the Willard Asylum than under one where the so-called "favorable cases receive the greatest share of the physician's solicitude and care."

It is well known by all who have lived long among the insane, that the great majority of the chronic class give very little thought to the future ; many of them are demented, many have no consciousness of mental infirmity, and others become strongly attached to any place in which they are treated with kindness. It is in the recent cases that the influence of hope possesses the strongest power. And the effect of placing such patients in a ward where nine-tenths of their associates are old cases, is often detrimental. They learn quickly that most of those around them have been many years in the asylum ; they sometimes see and hear much that is disagreeable and discouraging, and they are not slow in entertaining apprehension and fear that they are to follow the same downward pathway. In some cases the conviction becomes so strong as to work serious injury. Dr. Ray says that he would "not oppose the separation of the incurables, considered strictly as a measure of classification. . . Intimate association with epileptics, paralytics and the grossly demented, is disagreeable to most curable patients, and decidedly prejudicial to their welfare." Thus it appears, that as a principle of classification, the separation of the chronic from the recent cases is founded upon the highest interests of both classes. That it is

better for the recent cases, because it secures to them the undivided care and attention of the medical officers, surrounds them with all the appliances of a modern curative establishment adapted to their special wants, free from the encroachments and conflicting interests of a greatly preponderating number of old cases. Better for the chronic insane to be provided for either in separate asylums or in buildings detached from the hospital, because an organized classification and system of management can then be carried forward best adapted to their peculiar necessities. This disposes of the objection most strongly urged against separate provision for the chronic insane.

We are further informed in this editorial article, that "from natural affection, as well as to avoid the implied disgrace of being on the roll of pauper lunatics, patients would be removed from such institutions and provided for in their respective families." And from the same page I quote the following sentence, by which we are told what these sensitive persons will do to improve the condition of their dear relatives after removing them: "To promote the comfort and security of the domestic circle, some attic room or outbuilding is made secure and dark for the permanent abode of the unhappy wretch, and chains, cages and cruelty eventually usurp the place of that tender care which it is the object of the law to realize." What sort of natural affection is this which would remove its kindred from the humane care freely bestowed by the State, and chain and cage them in attics and outhouses? Hundreds of these patients are now confined in the poor-house receptacles, some of them in the most deplorable condition, paupers themselves, surrounded by paupers, cared for, or rather neglected by

paupers, friendless and forlorn, and yet we are told in apparent seriousness that if we venture to make special provision for this class, their relatives, coming from some unknown place, prompted by natural affection and to avoid the disgrace of pauperism, will rush to their rescue, and in the fulness of their love and pride, chain and cage them in attics and outhouses! Comment is superfluous upon such glaring inconsistency.

The importance and value of labor remains to be noticed. Upon the question of employing the chronic insane poor in agricultural and horticultural pursuits there is but one opinion held and expressed by all who have had and who now have the care of patients belonging to this class. I might fill pages with quotations showing the great benefits to these patients of this kind of labor.

But as regards the value of their labor in contributing to lessen the cost of their support, there is a difference of opinion. The facts are uniform; that it is for the highest good of these patients to be employed, is unquestioned; that they can and actually do labor is also true. Is their labor then of no value in lessening the expenses of our asylums?

I desire here to direct attention to the fact that the Willard Asylum is not designed to try an experiment, but to apply a principle. It does not propose to do what has not already been done in making the labor of patients serve to diminish the cost of support. In some of our State asylums this has been done, and we have heard no word of condemnation. A few brief extracts from published reports will suffice to establish the fact in question.

Dr. Woodward says, "the agricultural and horticultural operations of the hospital *materially* lessen the expenses of the establishment."

Dr. Brigham states: "The number able to labor will vary in different institutions. In some, especially in those that have been long established, are many old and incurable cases that are made much happier by daily labor. In such institutions these may be classified, and do much toward supporting themselves." In speaking of asylums for the chronic insane, he adds: "I am clearly of the opinion that with a good farm connected with such asylums, and the judicious arrangement and management of shops, one-half of the incurable insane of our country would perform sufficient labor to support themselves, and would be the happier and more healthy for the exercise."

Dr. Rockwell writes: "Their labor tends directly to their restoration and indirectly to lessening their expenses. Whatever they earn increases the income of the institution and lessens the expenses of the whole." The charge per week at the Vermont Asylum, where the above was written, was two dollars, and at no time during the late war has the charge been over two dollars and seventy-five cents per week.

Dr. Harlow says: "With what we get from the farm, we are able to meet the current expenses with the rate of board and treatment down to the low sum of two dollars and fifty cents per week." Male patients in large numbers are employed on the farm.

Dr. Chandler remarks: "Labor ranks high among the curative means used here, and it is made a source of profit also."

Dr. Gray says: "Cases of dementia, and quiet persons laboring under chronic mania, are not generally inclined to as much activity as is really necessary for their general health. These can work regularly and

moderately several hours a day, and they will thereby promote their comfort, cheerfulness and contentment. Here occupation is particularly desirable for the welfare of the individual; not only to insure greater contentment, but to prevent listlessness and inactivity, and the unpleasant personal habits too generally consequent upon idleness. Farther, many are thus made quite useful in contributing to their support, a duty which ought not to be lost sight of." For the year 1865, the net value of the farm products was about \$12,000, being a little more than twenty dollars a year for each patient. This is about thirty-eight cents a week for each patient, contributed by the farm and garden. A large part of the work was done by patients.

Pages might be filled with similar quotations from the reports of American asylums, but these cover the whole question under discussion. They show conclusively that the labor of the chronic insane poor can be, and has for years, been made to contribute to their own support. It may be that in some institutions, having under care large numbers of recent cases, the labor of patients is of little comparative value. It may be that in our corporate hospitals which provide mainly for those not accustomed in health to manual labor, that employment is not made in any considerable degree remunerative. It is quite possible that some superintendents of State asylums fail to so employ their patients, or, employing them, fail to apply their earnings to the reduction of the cost of their support. But these are only negative results. One man takes a farm and works it, and year by year impoverishes himself. Another man takes the same farm and works it profitably. The farm clearly is not at fault; it yields abundantly to the man who manages it properly. So

with any occupation involving pecuniary results. Under some systems of management, the labor of the chronic insane poor has not been made to contribute to their support; it is certain, however, that their labor has been profitably applied in some asylums, and that under a judicious system of classification and a proper industrial organization, all they earn by their labor will go to diminish the current expenses.

Some strong expressions have been used by some asylum superintendents of late, which tend to depreciate the value of this labor, and to create an impression that it is of no pecuniary value whatever. As an illustration, Dr. Curwen, in his report for the year 1865, says: "No fallacy is more fanciful or more expensive than that the chronic insane can be made to support themselves, or to assist in providing for their own maintenance." I am not aware that any one has proposed that they can or should be made self-supporting. As to the fallacy of insane patients assisting in their support, let Dr. Curwen answer in his own language. I quote from the same report. He says: "The products of the farm and garden have been such as to enable us to present a very favorable statement. In securing this result we have been materially assisted by the labor of the patients, who have received great benefit from the assistance which they have given in this way." Is there not something conflicting in these statements?

Dr. Ray, in his last annual report, enters at some length upon a discussion of the question of employment and provision for the chronic insane, and in a general spirit of fairness, for which I thank him. Yet when he says, "Whereas, the object at first was to place all these persons (chronic insane) in the hospitals, the question

that agitates the philanthropists of our day is, how to get them out of the hospitals." I beg to remind him that his remark does not apply to the State of New York. We have some patients of this class not in hospitals. And when he states that "in a hospital like this (Butler Hospital,) receiving all sorts and conditions of men, from the town pauper up to the millionaire, many of them unaccustomed to labor, and many more whose mental affection is coupled with serious bodily ailment, such as epilepsy, paralysis, extreme depression of the vital powers, not much labor could be reasonably expected," and subsequently adds, "during one and twenty months forty-two different male patients have been employed in labor, amounting to about three-sevenths of the whole number under care, and to about four-sevenths of such as had been accustomed to manual labor," and "that the time thus occupied amounts in the aggregate to 6,382 days," it seems to me that he admits substantially all that is claimed by those who believe that the labor of the chronic insane poor can and ought to be usefully applied. Surely this labor was of some value. And if Dr. Ray can secure such results with the class of patients he describes, is it not fair to conclude that with patients coming from the laboring classes and from the chronic insane, more favorable results could be reached? And surely no one will say that this labor, expended mainly upon a farm and garden, would not serve to reduce the cost of support.

If it is better for these patients to labor regularly and moderately, as is universally conceded; if they do labor and earn something, I can see no reason why their employment should not be so arranged and so systemized, and the asylum so managed as to apply what they earn

towards defraying current expenses, especially as the question of cost now stands as a barrier between hundreds of them and any asylum provision whatever. They are kept in county houses because it costs so much to provide for them in State hospitals. Diminish the cost without sacrificing the welfare of the patients, and the way is opened to asylum provision for all the insane. This being true, is it not more in accordance with the spirit of a true humanity to go forward in an earnest effort to solve this question of care for the chronic insane, than to rest content with a survey of the difficulties surrounding it? While Dr. Ray admits that "no community, here or abroad, has yet furnished hospital accommodation for all its insane, and that it is less likely than ever to be done in this country while staggering under the burden which the great national contest has heaped upon us," he is not yet satisfied of the utter impracticability of providing for all our insane in hospitals. I am convinced that some modification is required. And if Dr. Ray has any plan to propose, if there is any better practical solution of this question, I beg that it may be brought forward now. In the State of New York we are earnestly seeking for some way out of our county house abominations; we are satisfied that hospitals alone will not help us. We would like to have assistance in the efforts we are making to improve the condition of our chronic insane; at least, we would ask that no needless obstructions be thrown in our way.

In a hospital receiving and treating recent cases, the external and internal arrangements over the whole house must be adapted to their peculiar wants; in an asylum for the chronic insane, only the excited, paroxysmal, and grossly demented would require the expensive arrange-

ments of a modern hospital. The large number embraced in the quiet, cleanly and industrial classes, could be provided for in buildings of plain architectural design, durable, and yet economical in their construction, having associated dormitories, and without expensive systems of warming and ventilation. By the adoption of such a plan of building, the cost of construction may be reduced one-half below the average cost of our modern State hospitals, without, in any degree, sacrificing the comfort of the patients. These less expensive buildings for the quiet and industrial classes might be erected upon the farms connected with our State hospitals, and separate provision be thus made for the chronic insane. I am inclined to the opinion that some plan of this kind will be eventually adopted.

It is a part of the projected plan of providing for the chronic insane in the State of New York, to classify them with reference to their fitness for special kinds of employments, to give them work upon the farm, in the garden and in shops, and to apply whatever they may earn to their support. By classifying those patients who are able to labor with some regard to their occupation, placing the farmers in one cottage, the gardeners in another, and so with other pursuits, it is believed that they will be happier, and at the same time an industrial organization could be perfected which would render the labor of patients available without any more cost for attendance than if they were kept idle in the wards. For instance, an attendant having ten or fifteen garden laborers under his care, would take them all out with him to the garden for as many hours a day as the physician should direct. The supervision during the hours of labor in the open air or in the shops would cost no

more than when they were idle, and all that they might earn would go toward defraying the cost of support.

It is not proposed that these patients shall work any more than is good for their health of body and mind; no more than similar patients now work in our State asylums; but it is proposed to apply to them the ordinary rules of organization and division of labor necessary to render any branch of industry a pecuniary success. And I maintain that this is right in principle and humane in its application. Right in principle, because it secures for the benefit of these patients the avails of their labor, thereby removing out of the way one of the great obstacles to asylum provision for them. That obstacle in the State of New York is the cost of support under the present hospital system. It is humane because it is best calculated to promote their well being, happiness and contentment.

I have aimed in the preceding pages to show that the only two prominent objections made to separate provision for the chronic insane are totally without foundation.

I conclude that the separation of recent and chronic cases is founded upon correct principles of classification, and rests upon sound political economy; that the chronic insane may be properly provided for in less costly buildings than those now erected for curative treatment; that the cost of maintenance may be considerably reduced by a judicious arrangement of agricultural and other employments for those who are able to labor; in short, that with an asylum located in an agricultural district, where all the staple articles of consumption can be obtained at minimum rates, thus managed, the average cost for the weekly support of these patients will not exceed two dollars per week. I believe that the same

result may be secured by means of cottage buildings in connection with our State Hospitals. Nothing in all that has been said and written on this subject has in the least shaken the firm conviction which I have long entertained that in this direction lies the only way out of our present incomplete provision for the insane poor.

It is not well to sneer at political economy in its relations to the insane poor; whether we think it right or not, the question of cost has determined, and will continue to determine their fate for weal or woe. Neither is it well to conclude that a so-called standard, erected fifteen or twenty years ago, must of necessity be right, and that any and every departure from it is to meet with denunciation. It seems to me that it would be much less quixotic to carefully consider all the facts, and in making provision for the insane poor, endeavor to make an intelligent application of means to accomplish the desired end. And that end is some fair provision for all the insane poor; not hospitals for the few, and poor-houses for the many. Against this I enter an earnest protest.

No evidence could be more conclusive of the necessity of some modification of our present plan of hospital construction and organization, and of the insufficiency of the propositions pertaining thereto, adopted fifteen or more years ago, than the diversity of views recently expressed in the annual reports of asylum superintendents. Dr. Butler, Dr. Hills, Dr. Workman and Dr. Van Deusen concur in recommending provision for the chronic insane in separate asylums or in farm cottages and asylums, retaining a connection with the parent institution. Dr. Bemis suggests some important modification of the present system in the same direction, and

goes even farther in his departure from the orthodox standard. Dr. Chipley would combine "the features of a hospital and an asylum, have a large farm upon which to give employment to the chronic class, and thereby reduce the cost of maintenance." He also thinks that instead of adhering to the dogma that limits the number to be provided for in one hospital to 250, that the number might then be properly increased to 500. Dr. Ray would "not oppose the separation of the incurable considered strictly as a measure of classification." Dr. Kirkbride thinks that "the only proper mode of providing for the chronic insane is for every State to erect just as many hospitals as are necessary to provide for all the insane, and that the propositions of the Association of Medical Superintendents, both in regard to construction and organization, should be fairly carried out." Here we have widely differing views. The propositions referred to by Dr. Kirkbride were adopted many years ago, and were based upon the condition and apparent wants of the insane at that time. The intervening years have wrought many changes. The number of chronic insane has largely increased, and in our State the county poor-house system has assumed startling proportions. The poor-house receptacles in the State of New York are as much a part of our present provision for the insane poor as is our State Asylum.

These propositions look only to the erection of small hospitals, and the organization is mainly adapted to the treatment of recent cases: and in the practical working of the system, are not the chronic insane left to find their way to the county poor-houses? Is it not a fair question to ask whether some revision of this hospital system is not required? Will you allow it to bar the

way of those who would do something to check the growing influence and power of the county house receptacles? Are you content to have the system laid down in these propositions and developed in the practical working of our hospitals, recognized as the only one which has the endorsement of the Association? And when some special effort is made in behalf of the chronic insane, against whom this hospital system has already closed its doors, should it be met with the objection that it is not in accordance with these propositions, and therefore it must be wrong?

Those asylum superintendents who criticise separate provision for the chronic insane are not united in support of the Association propositions, neither do they agree upon any plan calculated, in my opinion, to rescue the chronic insane in the State of New York from their present deplorable condition.

Were all the insane poor of our State provided for in State hospitals, or did I believe that such provision could be obtained for them, I should not now come forward as a defender of a separate and distinct asylum for the chronic class; though I should most certainly hold the opinion that the interests of the recent and chronic cases would be best promoted by such a system of classification and care as would involve their separation. But for the fifteen hundred chronic insane in the county houses of the State of New York, against whom the doors of our present hospital system are forever closed, the protecting care of the State is now sought in some special provision.

Having made this provision for some of them under the laws creating the Willard Asylum, it remains for the State of New York to erect other hospitals for recent

cases in convenient sections of the State, as they may be required, and either in connection with them or separately, to extend the provision for the chronic cases until none shall be left without care, and the county poor-house receptacles for the insane shall be sunk in merited oblivion. Then we shall have a comprehensive system by which asylum care and treatment will be secured to all, whether recent or chronic. For the coming of that time many are waiting. God grant that they may not have to wait long.

TWENTIETH ANNUAL MEETING

OF THE

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN
INSTITUTIONS FOR THE INSANE.*

The Twentieth Annual Meeting was held on the 24th of April, in the city of Washington. The Association was called to order at 10½ A. M.

The following members were present :

THOMAS S. KIRKBRIDE, PRESIDENT, Pennsylvania Hospital for the Insane, Philadelphia, Pa.

JOHN CURWEN, SECRETARY, State Lunatic Hospital, Harrisburgh, Pa.

JOHN P. GRAY, State Lunatic Asylum, Utica, N. Y.

WM. L. PECK, Central Ohio Lunatic Asylum, Columbus, O.

* Reported by Francis H. Smith, Stenographer, Washington, D. C.

BYRON STANTON, Northern Ohio State Lunatic Asylum, Newburgh, Ohio.

A. B. CABANISS, State Lunatic Asylum, Jacksonville, Miss.

MARK RANNEY, State Hospital for the Insane, Mount Pleasant, Iowa.

J. W. BARSTOW, Sanford Hall, Flushing, L. I.

W. P. JONES, State Hospital for the Insane, Nashville, Tenn.

JOHN FONERDEN, Maryland Hospital for the Insane, Baltimore, Md.

W. S. CHIPLEY, Eastern Kentucky Lunatic Asylum, Lexington, Ky.

WM. H. STOKES, Mount Hope Institution, Baltimore, Maryland.

CLEMENT A. WALKER, Boston Lunatic Hospital, South Boston, Mass.

J. P. BANCROFT, New Hampshire Asylum for the Insane, Concord, N. H.

R. ABBOT, State Lunatic Asylum, Fulton, Mo.

JOHN E. TYLER, McLean Asylum for the Insane, Somerville, Mass.

C. H. NICHOLS, Government Hospital for the Insane, near Washington, D. C.

S. W. BUTLER, Insane Department Philadelphia Hospital, (Almshouse,) Philadelphia, Pa.

D. T. BROWN, Bloomingdale Asylum, New York City.

A. H. VAN NOSTRAND, State Hospital for the Insane, Madison, Wis.

GEORGE COOK, Brigham Hall, Canandaigua, N. Y.

JOSEPH D. LOMAX, Marshall Infirmary, Troy, N. Y.

PLINY EARLE, Northampton Lunatic Hospital, Massachusetts.

J. A. REED, Western Pennsylvania Hospital for Insane, Dixmont, Pa.

WILSON LOCKHART, State Hospital for the Insane, Indianapolis, Ind.

JAMES DOUGLASS, JR., Quebec.

CHARLES E. VAN ANDEN, State Asylum for Insane Convicts, Auburn, N. Y.

JUDGE EDWARDS, Trustee of the Iowa Hospital for the Insane, was present by invitation.

The minutes of the last meeting were read and approved.

On motion, it was resolved that the President appoint the usual Standing Committees, which were announced as follows :

On Business—Gray, Curwen and Jones.

On Resolutions—Walker, Cabaniss and Ranney.

On Time and Place of Next Meeting—Peck, Bancroft and S. W. Butler.

THE SECRETARY read a letter received from Dr. Wood, President of the Medico-Psychological Association of Great Britain, in answer to the resolutions in regard to Dr. Luther V. Bell, adopted at the last meeting of this Association, and also his answer, which, on motion, were directed to be entered on the minutes. The Secretary also read letters from Dr. Litchfield, of Kingston, Canada, Dr. DeWolf, of Nova Scotia, and Dr. J. S. Butler, of Connecticut, expressive of their regret at being unable to attend the present meeting. The President stated also that he had received letters from Drs. Stribling of Virginia, Fisher of North Carolina, and Parker of South Carolina, regretting their inability to be present.

THE BUSINESS COMMITTEE reported: That a paper would be read by Dr. Stokes, on the late trial of the Physician and Sister Superior of Mount Hope Institution, before the Circuit Court of Baltimore county, on a charge of conspiracy; that Dr. Tyler would read a paper, prepared by Dr. Ray, on "The Insanity of Women produced by Desertion and Seduction"; that Dr. Chipley would read a paper or a review of an opinion given by the Court of Appeals of Kentucky, defining the legal relations of inebriates, and recognizing the doctrine of moral insanity; that Dr. Cook would read a paper on Provision for the Insane Poor in the State of New York; that the committee appointed at the last meeting to report on the care of the chronic insane, would make a report; and that the project of the law which was made the special business of the meeting, would be brought forward for discussion.

Dr. STOKES was then called upon, and read his paper.*

THE PRESIDENT stated that the paper of Dr. Stokes was before the members for discussion; that the trial of which this paper was a review, was in many respects novel, and presented many points of interest. That while no institution could be entirely secure from difficulties, proper guards could be thrown around the admission of patients which would tend to obviate such trials when individuals or communities, from prejudice or ignorance, were disposed to make trouble. He stated the modes of admission to the Pennsylvania Hospital, and cited the peaceful history of that institution as the result of care in this regard, and of the enlightened and

*This paper will appear in the October number of the JOURNAL.—EDS.

generous community by which the institution was surrounded.

Dr. BARSTOW gave the history of a case in which an attempt had recently been made by some of the family of a patient, at Sanford Hall, to obtain the removal of the patient, who had voluntarily sought treatment, on the ground of illegal confinement in an unauthorized private establishment, but defence was successfully made to this action by the fact that the institution was a legally designated asylum by the Board of Supervisors of the county.

THE PRESIDENT asked Dr. Brown if patients were received at Bloomingdale without legal commitment.

Dr. BROWN replied that the majority of patients admitted at Bloomingdale were received under legal commitment, but a certain number came voluntarily into the institution, and were not restrained if they subsequently desired to leave. He mentioned that while a legal commitment gave full protection to the institution, as against suits for false imprisonment, it did not estop the complainant from proceeding against the parties placing him in a hospital. One of his patients brought suit against his sister for such alleged unjust confinement, and recovered a verdict of six cents damages, with costs. In another case, a patient, after discharge, brought an action against the physicians who had made affidavit of his insanity, charging them with libel and publication of libel, alleging that the warrant of commitment to the asylum constituted publication of libel. Strange as it may seem, the suit resulted in a verdict for the plaintiff, giving him large damages. On appeal to a higher court, the presiding Judge ruled that a medical opinion expressed by a physician in his professional capacity could

not be regarded as libellous, and that the warrant of a court based upon such opinion could not possibly partake of the nature of a publication of libel.

DR. GRAY thought no precaution as to admission under form of law would entirely protect against efforts of ill-advised or ill-disposed people, but thought it essential to the interest of the patient as well as others, that the forms of law should always be complied with. A habeas corpus could be issued on complaint, no matter how fully the forms of law were observed, and the officers of asylums must expect to answer any responsibilities incident to their position. He gave the history of the proceedings in a case where he had recently been compelled by habeas corpus to appear before a court and produce the patient, to the great, and as he thought, permanent injury of the insane woman. Some ignorant relations had complained that the husband was illegally confining his wife, that she was not insane, and if insane was not in the asylum by due process of law; and on this complaint the writ was issued. The woman was very insane, and the court remanded her to the asylum. She was a private patient, and the court held and charged that in her case all the forms of law had been obeyed, and that in regard to a woman manifestly insane it was the natural duty of her husband to secure to her the best treatment; that, as her natural guardian and protector, he was not only authorized, but in duty bound to place her in an asylum, if the insanity was such as to render such confinement necessary. That such confinement, though enforced, was not to be viewed in the light of the unwarrantable deprivation of liberty, but was simply the necessary and proper treatment of disease. That a certain amount of detention and restraint being necessary

for safety and recovery, the question was when this detention and restraint could be best secured and the welfare of the sick person best promoted. That being fully satisfied of the insanity of the woman, it was his duty at once to remand her to the asylum, where her husband had placed her, and where the means of recovery or improvement could be most successfully applied.

DR. CHIPLEY—In Kentucky the law provides that in all cases of persons who are to become a charge on the State, an inquest shall be held, and an order of the court for confinement in the asylum can be made only when the person has been found a lunatic by verdict of a jury. Private patients may be received without any proceeding at law, after personal examination by a committee consisting of two members of the Board of Managers and the Superintendent. Persons accused of crime, and acquitted by reason of insanity, may be ordered into confinement in the asylum by the courts.

DR. WALKER—In Massachusetts, under the most recent ruling of the Supreme Court, upon petition for a writ of habeas corpus, in cases of insanity, a preliminary hearing is had, without the knowledge of the patient, to determine the sufficiency of grounds upon which the petition is based. Patients are admitted to hospitals in Massachusetts thus generally: 1st. Private patients upon application of any friend, and the certificate of two physicians and the order of a Trustee. 2d. Public patients upon the order of town authorities or judges of certain courts. In all cases the certificate of insanity, or testimony under oath, of two physicians is required.

THE PRESIDENT remarked that in all cases in his experience but one, the return to the court that it would be injurious to the patient to produce him, was deemed

satisfactory, and that in this single instance or exception, the error of compelling an insane person to be thus brought forward was so practically exemplified that an order remanding was immediately issued.

DR. BROWN would suggest a method of procedure in cases of habeas corpus, which would seem to offer a reasonable guarantee of justice to all parties; namely, the appointment, by the court, of one or two medical men as a commission to examine the patient and report to the court. But such examiners are not always a reliable tribunal. Dr. B. had himself on one occasion recommended such a course, and two prominent physicians of New York city were designated by the Judge to examine the patient. After four visits, they reported that they had failed to find the patient so far insane as to justify his seclusion in an asylum, but that he was laboring under such unreasonable prejudices towards his partners, one of whom was his son-in-law, that they thought it desirable he should be persuaded not to resume business for some time, and they would suggest that the court recommend the gentleman to pass several months in Europe. The absurdity of such a report produced a burst of merriment, in which even the court was compelled to join.

DR. BANCROFT gave an account of a case where the Supreme Court of New Hampshire, under complaint for writ of habeas corpus, ordered a preliminary examination, and under this dismissed the application.

DR. NICHOLS submitted the question whether the character, medical standing, or residence of the medical gentlemen signing the certificate, had ever been questioned as affecting the legality of the confinement. That he had received patients, and he supposed others

had, when the medical certificate was made by physicians of other States. He thought the certificate should be required of physicians within the State.

THE PRESIDENT—I have now under my care two cases in which the medical certificates were by physicians out of the State, but who were attending the patients. One of these patients is from Kentucky and the other from Louisiana. In these instances such a rule would have been quite impracticable. Certificates should in all cases be required from respectable physicians.

DRS. VAN NOSTRAND and ABBOT stated that they only admitted patients under the prescribed forms of statute law, and gave briefly the requirements of the provisions in their respective States.

The Association adjourned until 3 o'clock P. M.

AFTERNOON SESSION.

The Association reassembled at 3 o'clock P. M.

The discussion of the paper read by Dr. Stokes was continued.

DR. TYLER—I have little to say in the way of discussing Dr. Stokes' paper, and I have not met with any similar difficulties. All of us sympathize most deeply with him in the great troubles and annoyances to which he has been subjected almost constantly for many months. One peculiar feature, in connection with his report, struck me during its entire reading; that mankind is the same the world over, and that to a certain extent they use the same language. The same phrases appear that I have heard in Massachusetts, by the same class of people; persons, as Dr. Howe characterizes them, of "distempered imaginations." I presume as long as the world lasts we shall have this class of experience to go

through with, and the only comfort we can derive from it is that others have gone through the same experience.

DR. GRAY—As Dr. Tyler suggests, human nature is the same everywhere, at all times, and we must expect these things to occur. The great safeguard against unpleasant trials or difficulties of any kind is a faithful and careful record of the conduct and symptoms of persons under treatment. In a number of instances where false impressions have been made, based upon the stories of uncured patients, a simple transcript of the case has generally been all that has been necessary to satisfy reasonable people. It is well known to the members of this Association that a few years ago the medical officers and managers of the institution with which I am connected, were cited before the Legislature of the State and an investigation instituted on the charge of maltreatment. The charge was deliberately made by the friends of a patient, and by some misguided physicians in the neighborhood from which the patient came. While it was very perplexing and very disagreeable, I think at the same time it resulted in good. A clear record of his condition at the time the man was brought into the institution, with full memoranda of examinations and prescriptions made, and of the patient's physical condition while there, furnished such evidence before the Legislative committee as fully satisfied them on the subject. The investigation brought out the fact also that the man had received the injuries from the hands of his friends at home.

As Dr. Tyler says, in these difficulties the assurance of the sympathy of others, and a conscious rectitude, will go far to sustain us, as they seem to have sustained Dr. Stokes in the difficulties which he has encountered.

The Doctor alludes in his report to the impressions often made upon the insane during the height of the disease, which cling to them, so that after they *seem* to be well, these delusions will remain as realities, and from these uncured persons most of the injurious reports about the treatment of patients in institutions arise. I have often seen such cases myself, and have always taken great pains, where patients have held delusions, to point them out, and to remove them if possible. I have always talked frankly with the patients and with their friends, and have thus endeavored to convince them of their true condition. A short time ago, a patient who seemed entirely well, assured me that he could not get rid of the idea that he had been eating human flesh during a good part of his residence at the institution. He was a man of education, and I have no doubt that for a good many months after he had recovered apparently and was able to exercise general self-control, the impression continued that he had at some time eaten human flesh, and he asked me seriously whether such a thing *might* not have been possible without my knowledge. I have said he seemed to be well, and I think any jury would have pronounced him well, judging from his general conversation and conduct, apart from this impression. I assured him it was a delusion, and that he was not well, and retained him for some months, and afterwards he said that the idea began to grow more dim and indistinct, and finally disappeared. During this time he was always anxious that he should have no delusions upon his mind, and yet if he had gone out at that time, I have no doubt but what he would have retained that impression, or at least the shadow of it.

I also recall the case of a woman who, after her seeming recovery, declared that her attendant had habitually washed her face and person with a broom. Previous to that time she had been under the delusion that she was a cow, and had imitated a good many of the habits of a cow. But when she began to recover she saw her delusion in that respect, but it was quite difficult to persuade her that she had not been washed with a broom, because such a thing might have happened, while the delusion that she was a cow was gotten rid of much easier, because it was not at all reasonable.

Another patient once informed me that for some months after his restoration, apparently, and when at home, that at times, if he was feeble, or had over exerted himself, some of the hallucinations attending his attack of acute insanity, would flit across his mind and seem so real as to alarm him, for the instant, until he could recall himself.

I have no doubt that a great majority of the mischievous, troublesome patients are honest in the belief that they have been abused. They are unable to separate the delusions they have entertained from the real facts which have surrounded them. They are unable to separate their delusions of insults and injuries from what has actually occurred. There are cases, such as Dr. Stokes describes, so troublesome and mischievous as to seem as if Satan himself had entered into them, but I think a majority are honest, and those who mislead them, whether they be lawyers or friends, who endeavor to fix these false impressions in their minds, are their real enemies, while the officers of the institution are their real friends, as many of them often afterwards discover.

In the case of the institution with which Dr. Stokes is connected, justice has completely triumphed in the action of the court, and mercy in the conduct of the officers of the institution who have consented to receive these patients back, and endeavor to lead them out of the difficulties under which they have labored.

DR. PECK—I was very much interested in the reading of Dr. Stokes' paper. Of course, situated as I am, I do not anticipate any of the serious troubles he has passed through, inasmuch as my institution receives no pay patients. Still we have the same class of patients he has to deal with, and have them now. It is important, as suggested by Dr. Gray, in that class of cases as in any others, that a record of the cases should be kept, so that if any trouble arises or any question arises in regard to the sanity or insanity of the patient, a complete history of the case may be given from the time of admission into the asylum up to the time when such inquiries are instituted. That would usually be satisfactory to a thinking mind, at all events. We do this in all cases.

The delusions spoken of in regard to abuses are so common that we all meet them. I have one case now of a woman who, until she recovers, will always labor under a delusion of a variety of abuses from her attendants and others about her.

DR. VAN NOSTRAND—I do not wish to take up time in discussing this paper. I think all of us have a very good idea of it. I will say that we might avoid some of these difficulties by strict legislative provisions for receiving patients. I think our Legislatures should give us laws which, if complied with strictly, would relieve as from liability to these infernal prosecutions. In my own State the law is specific, and I feel when I receive

a patient and lock him up, if necessary, that I am just as safe from prosecution as if I locked up my horse or anything else. I think if these gentlemen who have such difficulties would ask their Legislatures to give them more specific laws in regard to the admission and discharge of patients, it would relieve them from troubles of this character. We all have a class of patients who are ready to make trouble for us if they can, and those of us also who are positive men will have enemies ready to assist these people in making trouble. I always insist upon complying with the law specifically, even to the cancelling of the last stamp, and I believe that will be found a remedy for many of the difficulties in respect to this class of cases.

DR. FONERDEN related a case, occurring in Baltimore, of a patient received into his asylum on the request of a friend, with the written assurance that the certificate of a physician should be immediately furnished. An eminent physician called in a day or two, made a thorough examination of the patient, declared that he saw no evidence of insanity. He made subsequent examinations, with the same result, and found it impossible to give the required certificate. At the end of a week, Dr. F. informed the friends of the patient that he could no longer detain him in custody. Since that time, however, he had manifested marked symptoms of insanity, and would probably again come to the asylum.

DR. CHIPLEY—The only safeguards against the difficulties suggested, that have occurred to me, have already been stated; the passage of suitable laws, where they do not exist, defining precisely under what regulations patients may be received and retained, and in a careful record being kept of each case. The laws in Kentucky

are of such a character that we never have any difficulty of this description, and I think if a careful record is kept of the condition and peculiarities of each patient, it would in almost every instance be satisfactory to intelligent persons, who might otherwise be misled by the delusion of the patient.

DR. EARLE—The paper is one which hardly admits of discussion proper, because, as presented to us, there are not two sides to it. All of us who have had experience can appreciate the trials Dr. Stokes has passed through, and sympathize to a certain extent with him. One or two ideas have occurred to me during the discussion, which, in few words, I will present. As Dr. Tyler remarked, human nature is the same everywhere, and all of us are subject to these difficulties ; but I think so far as I may be guided by my own experience, there is much less liability to these complaints now than there was twenty years ago. As most of you are aware, I was for many years out of the specialty, and since entering it again, I have often noticed a remarkable difference in the state of public feeling fifteen or twenty years ago and now, as judged by my two spheres of observation, especially in the vastly greater degree of confidence now reposed in hospitals by those who send their friends to them. Whether it is owing to the better knowledge of the people entirely, or whether there is a difference in my spheres of observation I am not sure, but certainly it is a fact that has very strongly impressed me. I have now been two years in a large hospital, and have not had the slightest difficulty in the world. I have now one patient from whom I should fear some difficulty were he to be set free, and were it not for the fact that he is himself the son of one of the most intelligent men in the

State, and that none are better convinced of his insanity than his own parents, so that I do not apprehend any difficulty from him.

In connection with this idea, let me refer to the report itself in some of its language. We know that in Massachusetts, as in other States, and perhaps within the last year more in Massachusetts than in other States, a great deal has been said by a few people in regard to public hospitals for the insane. Some of these people I am acquainted with, and I believe them to be some of the best meaning people in the State. I believe they are conscientious in what they have said and done, and if that be the case, I would give them the credit of acting honestly, so that if the report is to be published, one or two expressions struck me a little unpleasantly. I think it would be wiser to leave out such expressions as, "Our unprincipled assailants." Let us give due credit to those who complain, for honesty of purpose, even if they do make us trouble. Then, as suggested by Dr. Gray, there is great safety in keeping a full report of the cases. I made it a point when at Bloomingdale to keep an accurate record of every case, and especially of all prominent delusions of the patients. I kept a diary all the time I was there of all events occurring in the hospital during the day.

I had a patient, I should think about the year 1847, a lady from the city of New York. While she was there her husband visited her frequently. At one of his visits he told me of complaints she had made of her treatment. I was satisfied that the complaints were essentially false, and told him so, and I thought he went away perfectly satisfied; but within a week or two, when the Board of Governors met, they called me in and showed me a paper

which I found to be an affidavit made by this man before the mayor, setting forth various complaints he had to make of the treatment of his wife. By means of this diary I showed to the Board that the affidavit contained two falsehoods, and they immediately took the ground that if it contained two falsehoods it might all be false, and there the thing ended.

The paper read by Dr. Stokes was then laid on the table.

DR. TYLER then read a paper from Dr. Ray, entitled, "The Insanity of Women, produced by Desertion and Seduction."

After the reading of the paper, the President remarked that this, as all papers coming from Dr. Ray, was well worthy the attention of the Association, and called for an expression of opinion relative to the subject it discussed.

DR. GRAY—Mr. President: You have very justly remarked that any paper emanating from the pen of Dr. Ray should command the attention of the members of the Association. No man is better qualified to discuss the important subject brought forward; but while admitting the great merit of the paper in its general scope, and with all respect to the ability of the writer, it strikes me that the case of Mary Harris, though belonging to the general class discussed, does not come within the category of the typical cases described, and certainly is not such a case as the one detailed.

The state of mind of this whole class is, we all admit, one thing, and their responsibility another. This Dr. Ray concedes. I can hardly conceive the phrases "paroxysmal fury," and "uncontrollable criminal impulse," as the result of disease, applicable to the Mary Harris case.

The class of persons the Doctor describes are those wounded and torn in their affections, who have been the subjects of outrage and wrong, and who have brooded over their injuries, losing sleep, and thus health and strength, and finally becoming, as graphically described in the case of the Irish girl, true cases of insanity. But, I ask you to notice the fact that in this case, the violent emotions did not subside after the accomplishment of her purpose. She afterwards attempts to commit suicide, she raves in the court, she becomes cross and irritable, and her whole character is changed; and this continued for months. Dr. Ray does not say that she recovered ultimately. Now there are thousands of women who have been outraged, wronged, seduced, whose whole lives afterwards are filled with grief, sorrow and trouble, and yet whose disturbed mental condition never reaches a state of insanity. And while we should sympathize with, pity and commiserate them, and should scourge the men who have wantonly and wickedly caused their sorrow, while I should myself feel that no punishment was too severe for such men, it would hardly warrant us in saying that insanity should be made a plea in such cases when these victims take the law in their own hands, merely to escape justice, (if punishment in such a case can be called justice.)

In respect to the very interesting question raised in this paper, in which reference is made to the opinion of Dr. William Hunter, as to the moral responsibility of girls who destroy their infants, I should be very slow to accept such a view. I should be very reluctant to give an opinion that in such a case the mother should be necessarily regarded as irresponsible. When the investigation of such a case, however, shows psychological dis-

turbance, impaired health, unusual or extraordinary grief, or such manifestations as described in the case of the outraged Irish girl mentioned in this paper, I should consider it a case of insanity, and would say that she should be held irresponsible irrespective of any act she may have committed, or even wrong she may have done.

I may illustrate by an instance occurring within a few months in my own State. Some persons standing near the cars, observed a living child drop under the car, went to it, and found the child had only been born that moment. An officer went immediately into the saloon, and found a young girl who had got into the car two hours before, with the intention of having the child delivered on the way, and of allowing it to perish. She was brought into a hotel and taken care of, and the child put to her breast. The child is living now, and the mother is also living and exhibiting every maternal feeling and affection for her offspring. During her first despair and anguish of heart, she would undoubtedly have permitted that child to perish, and so intended, but words of sympathy for her condition, bringing the child to her breast, and a few moments' reflection on consequences, relieved her of that feeling. It would hardly be fair to call her an insane person proper. There are too many instances of infanticide now occurring in all our cities to allow of any relaxation of responsibility. I am for punishing the men instead of the women in all such cases, and if a woman should even take vengeance into her own hands, I do not know but I should agree to the Connecticut verdict of "served him right," without any plea of insanity being interposed.

DR. WALKER—I do not know that I have anything particular to say upon a subject which has been so

carefully laid before us as this by Dr. Ray, except to ask this simple question: Ought any case coming within this class to be decided upon general principles rather than upon the circumstances attending it as an individual case? One case may be surrounded by a different set of circumstances from another, and yet the act be similar. One may be excused, and yet the other must be condemned. In the case recited by Dr. Gray, the girl acknowledged that she intended to destroy the life of her infant, and yet simply putting the child to her breast caused the return of maternal feeling. Why, except that up to that time, there had been an absence of volition on her part? And if there was an absence of volition, was she responsible in law for the act she endeavored to commit? Assuming that up to that moment there was no evidence of direct palpable insanity there, yet after all was there not a want of accountability in a case of that sort which should lead the officers of the law to deal tenderly with her more than with others? And this principle carried out would lead us to decide every case upon its own merits, and not upon general principles. The more I see and reflect upon this subject, the more I am of this opinion: I believe that many a victim has ended his life on the gallows, who, in the eye of God, was not responsible for the crime he committed.

DR. COOK—I would hardly venture, or desire to express an opinion upon the case to which Dr. Ray has called our attention, the case of Mary Harris, although I am very glad to have attention called to one or two points touched upon in the discussion, and particularly to that just touched upon by Dr. Walker, of modified responsibility. It is one our laws scarcely provide for, and yet it is one we are bound to consider. There are

many cases, and that of Mary Harris may be one coming within this class. I read the testimony in that case with great interest, and particularly that of Dr. Nichols, although I was not permitted to reach the same conclusion to which he arrived, although I am not clear in my own mind that it might not have been a case of modified responsibility.

Dr. Ray has mentioned one point, to which I wish for a moment to call the attention of the Association. He speaks of there being no well marked delusion in the cases presented, and I wish to call the attention of the members of the Association to the question whether there may not be such a disturbance of the powers of judgment, of comparison and of the will, as to relieve or modify the responsibility, without any positive delusion being developed; whether there may not be an actual disease of the brain, so disturbing the mind in its working as to modify and perhaps entirely destroy responsibility without the existence of that delusion, which in very many cases in English jurisprudence, and in some American cases, has been made the test of responsibility. There are cases of positive insanity in which I will confess my utter inability to detect well marked delusions. A case was recently brought to my observation, of a young girl of eighteen, the daughter of a clergyman, who was brought to us clearly in a condition of mania. She talked loudly and incoherently, and yet her attention could be obtained, and her answers when given were always correct. A great portion of the time she exhibited more or less violence, disturbing her dress, exposing her person, etc., and yet I was unable to detect any positive delusion during the seven or eight weeks she was with us. There are many cases of mental im-

pairment or simple dementia, in which you can hardly detect delusion. In some cases they do exist, and are afterwards acknowledged by the patients; but in regard to persons of responsibility, I have often thought when upon the witness-stand that I was very glad the responsibility did not devolve upon me of giving the verdict, for I have not been able myself to give an opinion as to the insanity of the person, there not being evidence sufficient to enable me to judge with certainty whether the person was or was not fully responsible.

DR. GRAY—I desire to answer one question, asked by Dr. Walker, as to whether the girl mentioned by me was responsible if the maternal feeling was not there. The maternal feeling was there, but smothered for the time by anguish, just as anger, sorrow, or any other emotion may cover up any natural feeling until we are brought to reflection on consequences. I fully agree with Dr. Walker, and I admitted this in my remarks, that judgment should fall elsewhere than upon these helpless women. There is no class of cases, I think, as Dr. Cook has suggested, more needing the protecting care of the law. All the circumstances connected with every case should be looked into fully, and well weighed before the judgment of public opinion, and still more before the judgment of the law should fall heavily on one of these unfortunate victims of wrong. My sympathies, I am free to say, are all on that side. I would hang the man and clear the woman, but I should put in no false plea.

THE PRESIDENT—It occurred to me in hearing the case detailed in Dr. Ray's paper of the girl in Providence, that there was a changed mental condition after the commission of the act. It seems to me quite possible that the girl was sane when she committed the crime, though

undoubtedly insane afterwards. The commission of the act, the imprisonment, and the circumstances connected with it, it seems to me, really developed the state of insanity. I do not feel so certain from the statement given us that I should have regarded her as insane from the time she committed the act, though undoubtedly she was afterwards.

In regard to the Mary Harris case, as much as we may differ in respect to her condition of mind, I am very sure we shall not differ in the fact that a great outrage was committed upon community when she was acquitted on the ground of insanity and then immediately discharged. It seems to me a perfect farce of judicial proceeding. It is not long since that an individual was sent to our institution who had shot a man in the street, a man who had no possible idea of any bad feeling existing on the part of this man towards him. He was tried and acquitted on the ground of insanity. I did not take exception to the verdict. He was placed in confinement for three months, and at the end of that time was discharged, and is now at liberty. If he was subject to delusions, under which he committed the act, he is still subject to the same delusions, and liable to commit the same offence at any time. It seems to me that members of the profession should take ground against persons who have taken human life being discharged, at least without the most careful investigation.

DR. COOK—I may, perhaps, state briefly a case of a person discharged on account of insanity in New York. He was sent to the Asylum at Utica, and remained some time, became quiet, and the friends of the man made application, through the lawyer having charge of the case, for his discharge. He had shown very little evi-

dence of insanity while at the asylum, and the physicians were unable to give an opinion that he was insane, although they could only give a statement of his condition since he had been there. I think he was discharged, but not long afterwards got into the same condition, procured weapons, and threatened the lives of those who had proved him insane. He insisted that they had committed great injustice, and had done him foul wrong in proving him insane. He finally left his property, removed to the West, and the last I heard of him, he was seen crossing the plains alone, going towards the Rocky Mountains. It is a case, I think, which shows the danger of discharging persons after the commission of crime, although for a time they may seem quite well.

DR. WALKER—In relation to the remark made by the President, referring to the case of the girl mentioned by Dr. Ray, at Providence, that the evidence of insanity applied only to a period after her arrest and confinement, I will say that it very often happens that a condition of violence on the part of an insane person is followed by one of exceeding quiet, and assuming this girl to have been insane when she committed the act, may it not have been one of those cases in which a condition of quiet followed, succeeded again by the violence manifested while the trial was going on?

THE PRESIDENT—I was merely assuming the possibility of the girl being sane when she committed the act, and of the subsequent manifestations of violence being developed by subsequent insanity. It did not seem, from the relation of the case fair, to attribute the act necessarily to insanity, for the act itself was quite a natural proceeding. I presume there are hundreds of

people who would have done precisely the same thing under the same circumstances, and yet who are perfectly sane.

DR. WALKER—My point was whether she might not have been acting under a morbid state, developing a condition of excitement succeeded by a calm.

DR. TYLER—The question would seem to be a pertinent one, whether from such data you would not sooner infer that the person was insane when committing the act than that she became insane by simple confinement? The matter of responsibility has been alluded to, and it is one which I suppose every expert feels most deeply when called on to give an opinion, especially in a capital case. There is much difference in the responsibility of different men. It is varied by the man's natural qualifications, by his education, by circumstances, and by everything that makes up the man and his position in the world; and yet, as has been very properly remarked by Dr. Cook, we have no provision for this difference of responsibility. The law regards every man alike. When a criminal act is committed the person may be overborne by passion, by hate, or by revenge, or by some emotion, but for which the act would not have been committed. The question for us as experts comes back for all that, was it simply the exercise of passion which he should have controlled, or was that want of control due to disease?

It seems to me that in the particular class of cases referred to in this paper, knowing as we do how very many women during pregnancy, or a great part of it, see things and do things which are foreign to their character at all other times, and who are aware afterwards of not being themselves, or else are forgetful of

what they have done or said, which has been a wonder or grief to their friends, one can hardly read the cases given by Dr. Hunter, referred to in the opinion from which Dr. Ray has quoted, and feel that women under these circumstances, committing such acts, were fully responsible, or fail to inquire how much of their responsibility was to be traced to physiological circumstances, which, in disease, are beyond the control of the person. If that one fact that there is a difference of responsibility be established, then that settles the whole. It is merely in degree; it may be greater, or it may be less, or it may be that there is no responsibility. If the want of control comes from the physiological state, from disease, the person is clearly insane, however the case may differ from the ordinary types of insanity.

DR. WALKER—There was a marked case of that character which came within my observation last Saturday, on my trip from Boston to New York. The inquiry was made if there was a physician on the train. I responded, and found a young woman of delicate constitution, who had had some uterine difficulties of some sort. She came on the boat that afternoon to go to New York, but on account of the fog, the captain decided to keep the boat at her dock until morning. It was the first time it had been used this season, and the whole boat was damp, and the bedding was damp and cold. After this young woman had gone to bed, finding that to be the case, her sister wrapped her about with blankets. Nevertheless the chill brought on an attack in the region of the uterus, so severe that for half an hour she was an absolute maniac. She did not know what she said or did. If she had been alone she might have thrown herself overboard, or have done herself any injury whatever,

and in my judgment no responsibility would have attached to the act. In three hours afterwards I called on her, and found her down at the breakfast table. By my advice she drank a cup of tea and ate a hearty breakfast. And during the whole trip she walked the deck, talked and enjoyed herself as well as any of the party. It made quite an impression on me at the time. Her delirium lasted only for half an hour. As soon as the proper remedies were applied, her recovery commenced, and continued rapidly until she was all right. Now, under the influence of great mental emotion, may not the mind of a person become as thoroughly overthrown as under the influence of physical causes, the disturbance as rapidly passing away, leaving, to the common observer, no traces of anything whatever that could relieve her of any responsibility attaching to her words or her acts?

No member expressing a desire to discuss the paper further, it was laid on the table.

Dr. CURWEN having been called on for a statement of the case of Mrs. Grinder, in connection with the investigations of the Commission of Lunacy, of which he was chairman, said: In relation to this case, which has obtained considerable notoriety in Western Pennsylvania, and particularly in the county of Allegany and city of Pittsburgh, I will state what I know of it. My first knowledge of the case, except what I learned through the papers, was received during our Governor's absence in Cuba in December or January last. I received from the Secretary of the Commonwealth a request to call at his office on business. I did so, and he stated to me that a number of persons had represented to him that Mrs. Grinder was insane, and should not be executed. The

court had fixed the period for the execution within ten days, but several persons, among whom were prominent members of the Legislature and several physicians of standing, had stated their belief that she was insane, and he asked me if I would be willing to go and examine the case. I told him I would if he would associate with me, as a commission, Dr. Kirkbride and Dr. Reed. He said he would determine definitely in regard to the matter, and inform me of the result, which he did by a subsequent note desiring me to proceed. Circumstances having prevented Dr. Kirkbride from going, the commission was constituted of Dr. Reed, Dr. King, late Surgeon General of the State, and myself. The execution was fixed for Friday, the 19th of January, and I reached Pittsburgh on the Tuesday preceding, (Drs. Reed and King being residents of Pittsburgh,) the Secretary of the Commonwealth desiring us to report to him by Thursday at farthest, so that if she was found insane, a respite might be granted. We immediately visited her in jail, where she had been confined since her trial. She was not aware at all of the object of our visit. Being ignorant of many of the facts of the case, by my request the examination on that day was conducted principally by Dr. Reed and Dr. King. The point relied on as the main evidence of her insanity was the apparent lack of motive for the commission of the crimes proved against her, and for one of which she was sentenced to be hung. The crime of which she was convicted was the administration of poison in food to a woman who lived in her immediate neighborhood. Both this woman and her husband were noticed to be frequently sick after eating certain articles sent by Mrs. Grinder. When she was sick, Mrs. Grinder was noticed

to be especially attentive to her, in preparing little articles of food, seeming anxious to aid in her recovery. After some time, these attacks continuing, by the advice of her physician she removed to her father's, some 60 or 70 miles in the country. Immediately on her removal, both she and her husband became entirely well. On their return this woman renewed her visits, and whenever food was eaten by them prepared by her, the same attacks of sickness returned, violent burning pains in the stomach, vomiting, and often diarrhea. This was continued until the woman died. It does not seem that poison was suspected at the time. It was rather supposed the case was one something like cholera, and considerable alarm was created in the neighborhood in consequence. Her body was taken to another locality and buried, but after a while a suspicion was raised that she had been poisoned. The authorities had her body disinterred, her stomach removed, taken to Pittsburgh and placed in the hands of a chemist, who, on examination, found a large quantity of arsenic and also of tartar emetic.

About the time or immediately after the death of this woman, Mrs. Grinder made some effort to go away. I will not attempt now to give all the facts in detail, but she was arrested on suspicion of being concerned in the murder. When the trial came on these facts were brought out against her. Her counsel, one of the ablest lawyers of the country, remarked that nearly every one of the witnesses summoned by her suggestion for the defence, turned out to be a very strong witness for the prosecution. Other instances of poisoning on her part were developed, but she was tried alone on the charge of poisoning this woman, and of that there was ample evidence. In one instance, some soup brought by Mrs.

Grinder to this woman, was eaten by a woman in an adjoining house. She was taken sick. Three or four of her children ate some of it, and were all taken sick, and one of the youngest died. Some one threw it out in the yard, and a neighbor's dog picking up a bone and eating it, exhibited precisely the same symptoms. It was found not only that this woman administered the poison, but that on several occasions she sent a girl to a drug store and obtained it.

We were asked to decide upon the sanity of the woman on the ground that no adequate motive appeared for the commission of the act. We investigated the case as thoroughly as we could, ascertained her habits and previous mode of life, and everything within our reach tending to throw light upon her condition of mind. We ascertained from her that she had commenced life in not the most exemplary manner; that she ran away from home at the age of fourteen; that she had little or no education, and no religious training whatever; all her life was full of irregularities. Her marriage to the man whose name she bore, as her second husband, according to her own statement, was certainly irregular. She stated that she had no ill will whatever against the woman of whose murder she was convicted, and that if she had done anything wrong she did not know it. She could not account for the poisoning of the woman at all, and talked in the most innocent manner possible. After a very full examination of the case, and reading all the testimony adduced at the trial, every member of the commission was fully convinced that the woman was properly tried and properly convicted. She had no feeling about the case, except that she thought it wrong she should suffer for a crime she had not committed. She

would contradict herself time and again in the same conversation, and when told of it, would try to parry it off, but very likely reiterate the same thing before the close of the conversation. The evidence was clear that she had been a bad woman her whole life; there was not a trace of insanity about her. The only thing that looked at all like insanity was the fact that she was sometimes hysterical at her catamenial periods, and her mind may then have been disturbed, but of that there was no distinct evidence; even her physician, who attended her most, did not know anything of that character.

On a fuller investigation of the subject, we discovered what we thought ample motive for the crime, and for everything she had done. We traced out very satisfactorily, at least to ourselves, that her object in poisoning this Mrs. Carruthers was to obtain possession of a quantity of money she knew to be in her house. We found the same motive presented to her for putting several persons out of the way. In one instance, she admitted that she administered poison because she was offered \$500 to do it. The physicians who had examined her and given an opinion that she was insane, were not aware of any of these circumstances. The feeling in Pittsburgh, and especially among the female portion of the people, was very strong and unanimous that she should not escape. They thought she was more a fiend than insane. Her counsel, who knew more about her than any one else, after we had made up our minds, gave a whole history of the case, as known to him, and agreed very fully in our conclusion. His own opinion as to the woman's insane condition was very clearly expressed in the remark that he should be very sorry to know that she was in

the streets of Pittsburgh, for she would take good care to put him out of the way.

DR. WALKER—How did she expect to get the money in the case of Mrs. Carruthers?

DR. CURWEN—She was poisoning Mr. Carruthers at the same time, and I have no doubt intended to get possession of the money in the confusion that would occur at the time of his death.

DR. WALKER—Was the possession of this money known to others?

DR. CURWEN—I think so, to some extent.

DR. TYLER—Did she admit these facts in relation to herself?

DR. CURWEN—In some cases she did clearly. She did not in the case of Mrs. Carruthers. I may remark that we questioned her closely as to her own condition, wishing to ascertain particularly as to her health. She always represented herself to us as having a most amiable disposition, but we came to the conclusion distinctly, from her own statement, that she was a woman of furious passions. Dr. Reed asked her husband particularly what her temper was. He said she would get into a perfect fury, that she would fall down in a paroxysm of rage, and that it would be an hour or two sometimes before he could bring her out of it.

DR. WALKER—Did she acknowledge purchasing the poison?

DR. CURWEN—She distinctly recollected about some of these things. It is proper to state, to conclude the story, that we telegraphed to the Secretary of the Commonwealth that we could see no insanity in the woman whatever, and she was executed the following Friday.

DR. REED—I have no doubt that if a commission had not been held in the case of Mrs. Grinder, there would have been a very large sympathy in her behalf on the part of many persons, and that the community would have been divided in their opinions as to her mental condition. She appeared to commit her crimes here, there and everywhere, without any apparent motive. Little was known in that community of her history before she came to the city. She was first known in Pittsburgh as a very pious good woman, a very active member of the Methodist Church, very zealous in gathering in converts, prominent in all matters of benevolence. She was not much known otherwise until the case of her getting up a bogus baby. People did not know the motive of that. They thought it very singular and unnatural conduct that she should pretend to be sick, go to bed, have another woman employed to bring a child there and put it into bed with her. But this subsequently turned out to be an effort to obtain money from an uncle who promised her \$10,000 in case she should have a child. She was disappointed in getting the money, and the child died very soon afterwards, of poison, no doubt. A servant girl came along the street, stopped at the house, and complained to Mrs. Grinder that she could not get work while she had a child. Mrs. Grinder allowed her to leave the child with her, and in a few days it was in its grave. Nobody could see a motive for killing that infant, but we found that the girl had promised her a trifle to put the child out of the way. The wife of a jeweller, one of the most respectable jewellers in the city, was sickened by poison Mrs. Grinder had sent her. People could not account for that, but the event showed that she expected, in attending her as nurse, to take ad-

vantage of the excitement created to pilfer valuable articles in the house. In the case of Mrs. Carruthers, she had the opportunity of stealing a considerable quantity of money and also a watch. She acknowledged she had the watch, and gave it up to Mr. Carruthers. In a case referred to by Dr. Curwen, a girl was brought to her house by a man to whom she was supposed to be engaged to be married. The girl remained for some time, was taken sick, and died. Mrs. Grinder acknowledged to us that she gave her poison. People could not discover a motive for her wanting to kill this girl, who was an entire stranger, but she acknowledged to us that the young man had offered to her \$500 in case she would do the deed. The young man was not able to pay his money, but she had the inducement in the promise he made her.

All these things occurring without any apparent motive, led a great many people to believe she must be insane, that she could not murder so many people without being so; that she must be laboring under a homicidal mania. In addition to her being a murderer, a liar and a thief, we discovered that she was a procurist, a receiver of stolen goods, that she employed girls to do thieving in the city, that at Louisville she was engaged in counterfeiting. All these things came out upon the trial, and during our investigation, and since, showing clearly that there was no insanity in her case, that there was a motive for every act, and that she was simply a base, abandoned criminal. As far as we could ascertain, none of her crimes were committed while laboring under catamenial excitement. She was the same criminal at Louisville, the same at Cincinnati, the same at Indianapolis. She was engaged also in arsenic, in burning a house. If she

was a maniac, she was a general maniac. We could see no evidence of insanity however. Her husband acknowledged that he had never seen any evidence of insanity. She seemed to commit her crimes when she was in her calmest moments. Another case comes to my mind of a woman brought to the hospital of which I have charge, supposed to be laboring under insanity. As soon as I saw her, I said, "This woman is under the influence of morphia or some narcotic; let her alone, and she will soon be well enough." She was well the next day. I subsequently learned that it was at Grinder's house that she was stopping, that she had sat down on the steps, that Mrs. Grinder had invited her into the house, where poison was given her. I supposed at the time it was morphia, but my supposition now is that it was stramonium. She understood the effects of stramonian seeds, and had made a decoction, I have no doubt, from the account given us of it. Now as I have told the story, nobody could see a motive for this conduct. A woman passing along the street feels sick, sits down on the steps of a house, is taken in, and has poison administered to her. But this woman was living upon very bad terms with her husband. I do not say that her husband wanted to get clear of her, but I do not think from what I learned that he has been sorry since she recently died of consumption. I cannot learn that he manifests the least regret. Mrs. Grinder was on much more intimate terms with the husband than with his wife, and that perhaps may explain the motive.

This woman was suborned to commit all kinds of villainy and crime; she was ready for anything. But it strikes me, nevertheless, that upon the evidence as given to the public before our investigation, that a much

stronger case of insanity could have been made out for her than was made in the Mary Harris case. If her counsel had not been led to believe the woman was guilty and not insane, I have no doubt he could have made out a case that would have saved the woman from the gallows. During the progress of the trial he did not attempt to introduce evidence on that subject. He merely raised the question of insanity, and left it to the jury to decide. If he had introduced evidence, and undertaken to make out a case, I have no doubt she would have been acquitted on the ground of insanity. Many of these facts did not come to our knowledge until within a day or two of her death, but there is no doubt that in the course of her life she had been a poisoner, a thief, a procurist, an abortionist, an incendiary, a receiver of stolen goods and a murderer. Indeed there was no crime she was not ready to commit.

DR. GRAY announced an invitation from Sir Frederick Bruce to attend a reception given by him this evening, which, on motion, was accepted by the Association.

DR. NICHOLS stated that the President of the United States had informed him that he would be happy to receive the members of Association at the Executive Mansion to-morrow at 12 o'clock, M.

On motion, the Association resolved to proceed to the Executive Mansion at the time designated.

Adjourned until to-morrow at 10 o'clock A. M.

SECOND DAY.

Wednesday, April 25, 1866, the Association met at 10½ A. M., and after reading of minutes of last session, Dr. Chipley read a paper on the "Legal Responsibility of

Inebriates," at the conclusion of which the Association adjourned until 3 P. M.

AFTERNOON SESSION.

The reading of the paper of Dr. Chipley having been concluded, the President called upon the members of the Association to express their views on the subject.

DR. JONES—I have listened with great interest to the reading of the paper which, it occurs to me, is one of the most lucid and valuable papers which has been submitted to this Association, and while I am not prepared to discuss its merits, and while the ordinary deliberations of this body are not sufficient for the consideration of a paper of such importance, I have simply to say that, in its general scope and argument, it meets my hearty approval, and I should like to hear from those who have given more attention to that special so-called form of disease.

DR. TYLER—I have but a word to say. I have been, as others, deeply interested in the reading of Dr. Chipley's paper. The first part of it appears to be very clear and logical, and I think I concur in the views expressed; but from the last part of the paper, I am obliged in some respects to differ. I do not think that practically there would be much difference found in the result, which the members of the Association, singly, or in groups, would come to in considering a given case; but there are some points raised and argued by Dr. Chipley, where I cannot accept either his logic or his conclusions. We all agree that the brain is the organ of the mind, and of the whole mind, intellectually as well as morally. All that we know of the exercise of the

intellectual, (and we know just as much of the moral qualities,) is through this material organ, the brain.

The brain becomes diseased, the intellect is disturbed, the moral part of the man is also disturbed; why then must we not irresistibly come to the conclusion, by the same logic, that the disturbance of the moral part is the result of disease, equally with the disturbance of the intellectual part? I cannot draw any other inference. I can come to no other conclusion. I cannot see any reason why, under the circumstances given, the moral disturbance and change from the individual's previous character, is not just as much a sign of insanity as the intellectual disturbance; and it seems to me that the Doctor, without being aware of it, makes a case of special pleading. It may be to a degree dangerous to admit this other doctrine.

Anything that would lessen accountability for crime, anything that would make sin less a sinful thing, I am sure I would be the last to advocate. But I cannot escape from what we see every day of the inevitability of recognizing moral disturbance as insanity, and of not making the test intellectual disturbance.

I will cite a case of a girl who was respectably and religiously brought up, but who at puberty showed a change of character, and for a number of years was here and there following her course without it entering into any person's head that she was otherwise than wicked. Her deflections from right consisted in lying and stealing unremittingly. She was married, and had one or more children, but under a state of circumstances which I will not detail. This lady was considered insane, and placed under my care. Several weeks would pass, during which she would appear to be perfectly well. I never

could find any intellectual disturbance in the woman. She was keen and bright; she was an accomplished woman; had mastered all of the accomplishments of her sex; but once in a period, say of six or eight weeks, her pulse would be excited, her tongue furred, and she would steal without any possible motive; she would lie where lying could not possibly avail her anything; she would make mischief among other people, and then when the paroxysm was over, she was very sorry for it. She would lament it, saying that she had been unable to control herself; she would be exceedingly glad if she could control herself at these times. There was as much difference between this woman when these paroxysms were on and at other times as there would be between different women. Her moral faculties were perverted, and it seemed to me clearly the result of disease, although I could see no intellectual disturbance whatever.

Now I ask whether it is necessary, finding a clear perversion of the moral powers in a person, to wait until we discover the slightest intellectual disturbance before we are able to say the person is insane. Must we not believe that this moral disturbance, when it appears even by itself, is the result of disease and is insanity?

I wish to speak of another case. My attention was drawn to a case of a young man brought up religiously and carefully, his parents being religious people, his mother especially so, a young man of great ability, but who, however, had a large amount of money to spend. He was a man of extraordinary appetite, sensual in his disposition. He led the life of a sensualist, perhaps, though not grossly so. He appeared like a gentleman always, but he was fond of money to excess, drank large

quantities of wine, though not often to the extent of inebriety. This man became insane; he had intellectual delusion; he became worse than that, rambling, chaotic and incoherent at times. From this he is entirely recovered. I cannot perceive but that his mind works regularly and rightly. He used to have a quick conscience, and quick moral sense; now he seems to me, as I have said to one of the gentlemen here, to be entirely emasculated in his moral powers, just as confirmed inebriates are. His moral sense appears to be all gone; he knows what other people consider right and wrong; he will tell you what is right and wrong, but his conscience does not feel it. It did feel it once, until he became insane. He is cured intellectually, but he is not cured morally. I cannot say that he is going to get well morally, but if he comes out right in this regard, if he recovers his moral sense, it certainly will make one of the strongest cases, where the moral powers can remain diseased after the intellectual powers have recovered, on record.

I am very willing to defer to the members of the Association. I certainly have no point to establish. I merely state these facts and opinions as they occur to my own mind, without being able to see why a man's moral nature may not be affected by disease without his intellect necessarily being disturbed; and if it is affected by disease so that his will is not under his own direction, where is the necessity of finding any other element to constitute insanity? I confess that I cannot answer the question.

DR. BROWN—Mr. President: You, as a worthy member of the Society of Friends, know that I am a peaceable man, not fond of fighting. I never like to disagree

with my friends, and, before saying anything in regard to the general subject under discussion, I would like to express my admiration of the manner in which one side of this topic has been presented by Dr. Chipley. For my own part, I am quite willing to concede that he has presented it in a very orderly manner, and, as I conceive, to those who share his views in an exceedingly conclusive manner. I should be very glad to have it recorded as the argument for the defendant, to have the verdict taken, the prisoner discharged, and never arraigned again. It seems to me that this subject of moral insanity is rapidly becoming a bug-bear in the meetings of our Association. I wish we could get rid of it. I do not see any advantage in discussing it. It partakes very largely of the nature of metaphysics, and the best thing I ever heard in regard to metaphysics was that it was something that taught the man the length of his tether, under which he was very quickly brought up. I wish we might bring up just where we are, and that the Association would pass a resolution never to discuss this subject again. It seems to me to be a barrier in the way of our accomplishing a great deal of good we might accomplish as an association, and as individual members of the profession; if we will confine ourselves simply to what is the condition of any particular individual presented to us for examination and for opinion. It is only in criminal cases that the matter is likely to become very important, and why should we subject ourselves to the tyranny of any metaphysical views in regard to the subject at large, or to any classification of mental disease.

When the last two editions of Beck's Medical Jurisprudence were about being issued, I was requested by the publishers to take charge of the chapter on mental

diseases. I took special pains to present similar views to those I have now expressed.

Although I admitted my belief in what was called moral insanity by some gentlemen, I said there was a difference of views in the profession as to what entitled the disease in question to that name, and expressed my very decided opinion that it was an unfortunate term to have crept into our nomenclature, and that it would be better if it were dropped at once. I remember I quoted from an article, the author of which I did not know, in the JOURNAL OF INSANITY, in which he regretted that the members of the medical profession should be engaged in splitting hairs upon a question not necessarily brought forward in any practical case on which they were obliged to present a professional opinion.

I repeat that it seems to me the subject is fast becoming a bug-bear. The term has been used in Dr. Chipley's paper, and since by Dr. Tyler in regard to a matter which has crept into the vernacular of the country, especially in this locality of Washington, and which has been very much used in the last few years at the other end of the Avenue. The term "irresistibility" we have all heard a great deal in the political discussions of the country, of the irresistible "what is it." [Laughter.] This is getting to be our irresistible "what is it." I should be very glad, after the manner of the political savans, to present a resolution that from this day we cease to discuss moral insanity, or ever mention the subject again; it does no good. The discussion of our views of mental philosophy in this body is of no possible advantage, and why may we not, as Dr. Chipley has done in his paper, confine ourselves simply to the examination of cases when presented to us, express our

opinion as to the insanity of the person when required in a criminal case, and give our reasons for that opinion, leaving it for the judge and jury to determine their value. As illustrating the danger of this kind of speculation upon mental disease, as well as upon moral theology, I perhaps may as well cite a question once propounded by a judge on a criminal trial of a man who had killed his wife and children at Poughkeepsie. The man was, in my opinion, insane. I had been called in connection with the late Dr. Ranney, by the prosecuting attorney, to examine the man in the jail, and present our opinion in regard to his condition. We agreed in our views, and having expressed our opinions fully in reply to the interrogatories of counsel, the presiding Judge, an astute man and jurist, said: Dr. Brown, will you please tell me by what principle of mental philosophy you can account for an insane man killing his wife and children. Said he, I can understand very well why a bad man should kill his wife and children upon the most frivolous pretext, for instance, if he orders his wife to get up at two o'clock in the morning and prepare his breakfast, without there being any excuse or necessity for it, and she refuses, he may kill her out of spite, and finding his children becoming burdensome, may put them out of the way in the same manner. But please tell me how you account, on any principle of mental philosophy, for an insane man doing a similar act?

The circumstances mentioned were very similar to those presented in the case on trial, and I considered it a very improper question for a judge to propound to a medical witness. We do not go before courts in such cases voluntarily with a view of displaying our learning upon the subject; we are compelled to go, and if ques

tions are propounded, not proper in their character, we cannot help it. It seemed to me very clear in the manner in which that question was put at the time, that it was one unworthy of the judge who asked it. I therefore said to him, I do not consider it my duty or my province to account for the mental processes of insane persons, and if I did I should not attempt it, for I profess no knowledge or skill in the interpretation of these phenomena. They are mysteries beyond my province to explain. I said in general terms, as I say now, that if the opinion of an expert is worth anything, it is good because he has the opportunity, in the course of his daily life, to observe the phenomena of insanity itself as a disease. He may interpret the nature of the phenomena, and be able to express an opinion possessing value on the ground of his experience and observation, but not as a philosopher, not as a metaphysician, not as a psychologist in the technical meaning of the term; but as soon as he attempts to get behind the phenomena, it seems to me he enters upon the province of a metaphysician, and soon finds the length of his tether; because if he does not trip himself by getting into deep water and mire, another man may trip him by diverse views. If I remember correctly, I think Dr. Chipley himself proposes in the latter part of his paper that we should come to the practical point in all cases after all, and that is where it must come at any rate.

When a man is called in that class of cases before a court to examine a patient, his opinion is going to be of value just from what he has observed, and the reasons he gives for it. And it seems to me we are diminishing the value of our opinions if we undertake to spread ourselves by going into questions founded simply on meta-

physics. For that reason, I should wish that we could confine ourselves to giving the result of our observations and interpreting the phenomena we observed, giving an opinion without regard to the classification which exists in books, whoever may be their authors.

DR. COOK—I have been almost inclined, while listening to the remarks of Dr. Brown, to accept his suggestion, and not to take any part in this discussion; but, influenced, perhaps, somewhat by the atmosphere of this locality and following the example he has set us of continuing the discussion, I will say a few words, as I think it is fair that both sides of the question should be heard.

It is perhaps known to some of the members here that for some years past I have been led to doubt the propriety of using the term "moral insanity," and have declined to use it. And the adoption of the suggestion of Dr. Brown to drop the word, would, I think, remove the whole question out of farther controversy. If those who use the term will consent to drop it, those who object to it would certainly not enter into the discussion of it.

I only desire to say briefly that I concur entirely in the views expressed by Dr. Chipley. I have been much interested in his paper. In his views in regard to the effects of intemperance, and the legal responsibility of such persons, I entirely concur. In his views in regard to special forms of insanity and special names given for them, I also concur. I can see no reason whatever for applying different terms or names to different stages of the same disease. For instance, taking the first stage, or some forms of the first stage of mental disorder, we have a prominent disturbance of the affective faculties so called. Their disturbance is more prominent than the

disturbance of the intellectual faculties, and to that phase of the disease the term "moral insanity" has been applied. Passing on a little farther to a general maniacal disturbance, and the term "mania" is applied. Passing on a little farther, and to the next stage of the disease the term "melancholia" is used, and finally the person reaches the stage of "complete dementia." Yet all these terms have been applied to the same disease, progressing in the brain and mind of that one individual. In that system of nomenclature, I can certainly see no accuracy. Neither do I think it is of very much value in the observation or description of the disease. The objection of Dr. Chipley to the use of the term "moral insanity," as injurious, I think is a valid objection.

Upon the general question of moral insanity, perhaps, as has been remarked, there would not be as much difference of opinion in regard to any particular case that might be brought forward, as there would be in regard to the use of the term. It is well known that in many cases we find the passions very much disturbed, and yet I think the point is well taken that without some other disturbance than simply exhibitions of impropriety or depravity, unless there is some disturbance of the brain, something to indicate disease, there is nothing upon which an opinion can be founded. I see no line of demarkation by which you can distinguish such cases from cases of simple wickedness. It is upon that, I think, Dr. Chipley bases his opinion. It is not that he would reject or throw out all symptoms bearing upon moral disturbance. No one doubts that they have their proper place as symptoms, and we all accept them as such, without applying to them a name which might mislead. Accepting, as I do in the outset, such authorities as have been

quoted, I meet the same difficulty which Dr. Chipley has pointed out, of finding any case, well marked, of moral disturbance without being accompanied by any intellectual disturbance. I think there are no very well marked recent cases. The case mentioned by Dr. Tyler requires very careful observation, and a very full and careful history to enable one to detect the particular form of disease.

I desire, without continuing the discussion, to express my thanks to Dr. Chipley for his interesting paper and my general concurrence in the views he has expressed.

DR. EARLE—I wish to say a few words upon this subject, and as few as possible. I had not the pleasure of being present during the reading of the closing part of Dr. Chipley's report. Neither do I know the course the discussion has taken previous to the latter part of the remarks of Dr. Tyler. From my boyhood up, there are two subjects upon which I have always considered it worse than useless for discussion to take place between people whose opinions are already formed. The first of these subjects is religion, and the second politics. I hold the same opinion still. And this question of moral insanity borders so nearly upon religion, being, as it is, in the sphere of the psychological nature of man, I rank it with the subject of religion so far as discussion is concerned. I believe we might discuss it from this time till the 1st of May, 1867, without a change of opinion on the part of any of us, and I was very glad to hear the remarks of Dr. Brown in reference to stopping the discussion of the subject in this Association. I know, Mr. President, that the last discussion which occurred four or five years ago did no good to the reputation of this Association. I know it was the cause of injury

to its reputation in some quarters. I heard that discussion, as it appeared in the JOURNAL OF INSANITY, characterized by one of the most learned medical professors in the country, a professor in one of our largest medical schools, in terms not complimentary either to the intelligence or logic of this Association, so that I would desire, as Dr. Brown suggests, that the question may not be continued under discussion here.

As for myself, my opinions are formed upon the subject, and nothing can change them. Years before I studied medicine, or while studying it, there was a case of insanity in my neighborhood, which, since that time, I have studied with much interest, and which to me appears as clear a case of what is called, and rightly called, moral insanity, as there ever was, or ever can be. I do not wish to take up the time of the Association in going into the details of that case; but there are one or two points concerning it I would like to mention. It was the case of a young lady who, up to the time of the development of puberty or adolescence, was a pattern of amiability and excellence in every respect. About that time she had a nervous disease. I did not understand the disease at the time, having no medical knowledge of the case. I believe it was a disease of the uterus. Passing out of that nervous disease, it took the form of immobility of the muscles, in which she would sit from morning till night in her chair, without moving or speaking, with her eyes open, and so insensible to irritation that flies would crawl across her eye-balls without causing her to wink. From this stage of the disease she passed into a state of what I now call moral insanity, changing, from what I have described as a pattern of moral excellence, to a pattern of the opposite

kind. No inconvenience or annoyance that she could subject her sister or her father to, did she hesitate to inflict. This was endured for one or two years — I do not remember how long — in the family, until she became so annoying that she was sent to the hospital, where she remained some years. I think about the year 1835, her case was published by the physician of the hospital, as a case of moral insanity, and it may be so found in the journal in which it was published. During all this period she was one of the most interesting young ladies I ever knew — very handsome and brilliant, very quick in intellect, shrewd in wit, and sharp in repartee. So far as regarded the positive action of her intellect, there was no flaw in it; but her moral nature was totally perverted.

It occurred to me, while Dr. Chipley was reading his paper, that we were talking about a mere difference of expression, a mere difference in the use of words, or, perhaps, a difference in analyzing disease and tracing it to its cause. To illustrate what I mean: Dr. Chipley and I, in regard to that case, might agree that the person was insane, but I would say her moral nature was disordered, and, therefore, I call it a case of moral insanity; while Dr. Chipley might say that her moral nature was disordered, but her intellectual faculties were also diseased, otherwise her judgment would lead her to conduct herself differently, and to suppress the outrageous acts she was constantly committing for the purpose of annoying those about her. It occurred to me, therefore, that we might reconcile the difference in our views in that manner.

Several instances have come under my observation, differing somewhat from the one I have mentioned, of

what I would call striking cases of moral insanity; but they have not been numerous, and I was surprised to hear Dr. Chipley state in his paper that some people find hundreds of cases of moral insanity among their patients. The disease which I term moral insanity is very rare. I know gentlemen who have been members of this Association, who have had no definite idea of it. I made a journey through Canada, in the summer of 1852, and while in Toronto met Professor King, a member of the faculty of the medical school there, and also met the Superintendent of the Lunatic Asylum in that city. They called me in to see a case they had already seen in consultation, but differed in its diagnosis. The Superintendent pronounced it, positively and absolutely, moral insanity. He would listen to nothing else. Dr. King as positively pronounced it hysteria. They wished me to go in and act as umpire. I did go in, and found the case to be that of a young lady about 18 years of age, and as clear a case of hysteria as I ever saw. How it was possible for a physician, having charge of an insane hospital, to have made such a blunder, I could not imagine; and I appreciated so much the mortification he would feel, that I refused to give the disease a name, but prescribed what my treatment would be. I did not do right. I would not do it again. I should give my opinion. I heard afterwards that, under the treatment recommended, the patient recovered.

I have been surprised to see the looseness which has existed in some quarters, among scientific men, in writing upon this subject. Some ten or twelve years ago, a member of the National Medical Association having been appointed for that purpose, made a report on the subject of moral insanity. The report was published in

the Transactions of the Association, and went abroad, I suppose, as the views of American physicians upon that subject. The report describes the mind as consisting of two classes of faculties, intellectual and moral, and goes on to say that, in insanity, both may be involved, or either exclusively. There, you see, moral insanity is distinctly recognized. The moral faculties alone may be involved, or the intellectual alone. It is a perfectly clear recognition of all that we who believe in moral insanity contend for. But further on in the same report, precisely the reverse of that proposition is stated, to the effect that these two classes of faculties cannot, one of them alone, be affected, denying the previous proposition as positively as nay negatives yea. But, in still another portion of the report, the condition of moral insanity is again clearly recognized and asserted, and finally it winds up by saying that moral insanity is a myth. There were four direct assertions, which you may find in the published Transactions of the National Medical Association, one conclusion directly reversing the other. I mention this as an illustration of the folly of a man who has had no practical experience in insanity, attempting to write upon it. He gives a new definition of insanity, one of the conditions of which is, that the patient is not conscious of any disturbance in his mind. I suppose there are none of us who do not know that there are patients who are perfectly conscious of their mental disease. I have seen many of them myself. This report also attempts to decide the difficult question of medical testimony before the courts, and says that the physician should never recognize insanity unless he can show, by physical symptoms, that the brain is diseased.

DR. NICHOLS—I should not say a word upon this subject, if I did not fear that, from my silence, it will perhaps be suspected that the opinions I have heretofore expressed are held by me with less confidence than formerly. I certainly have no pride or ambition in respect to my opinions upon this particular question; and I simply desire, as a matter of duty to science, that it should be distinctly understood by the Association, that whatever weight is, or under any circumstances could be, attached to my opinions, should be thrown in the scale of the recognition of the doctrine of moral insanity.

As a scientific man, on this question, I think there is as much propriety in asking me to drop the term "intellectual" as "moral" insanity. And while I think, with Dr. Brown and others, that the discussion of this question, as it has been conducted, has been productive (I do not think it should be necessarily so) of more evil than good, I should find it necessary, as far as my own choice or conditions could effect the result, to claim that those who disbelieve in moral insanity should stipulate that they will drop the term "intellectual insanity." And I had resolved, as the discussion progressed, to make that proposition.

I may, in very few words, indicate the extent of my opinions on that subject. Metaphysicians, ever since metaphysics was a science, so called, have divided the mental faculties into two classes, the intellectual and the moral. Now, it seems to me that facts bear out the conclusion that the moral faculties may be affected exclusively, as well the intellectual. I grant that the exclusive affection of either is very uncommon, and therefore it seems but fair, if one of the characteristic terms is to be discontinued, the other should be also. I may say

that this distinction in metaphysics has always been recognized by men of science. I believe it to be correct, and believing in the facts as actually presented from observation of mental disease, I could not consistently adhere to one classification and reject the other. I am willing, for my part, if the Association desire it, to reject both, as far as practicable.

I desire, before I take my seat, to express my sense of the scholarly attainments evinced in the paper read by Dr. Chipley. I listened to it with great interest, on that account. My own impression is, that some of the arguments presented in that paper are fallacious. I think if the paper is published or re-read, it will be perceived that in some places the moral faculties are recognized as a portion of the mental faculties, and that in other places they are not so recognized. I take it as a matter of theory, and build my whole philosophy on the subject, upon the conviction that the moral are just as much a part of the mental faculties and of the mind, as are what are called the intellectual faculties. I rather think that Dr. Chipley himself, if he will read his paper over again, will see that the inconsistency I have named in this connection will appear. It strikes me the doctor has, in this way, to a certain degree, confused his argument and destroyed its weight upon the practical point in question. Let me not be misunderstood. When it comes to the point of shielding persons who have committed criminal acts, by the plea of insanity, I think perhaps I am inclined to lean towards severity rather than leniency; but it does seem to me, as has been intimated by other members of the Association, and I make this point because it is the prominent one considered in the paper before us, that the recognition or the repudia-

tion of moral insanity, as a distinct form of disease, has properly nothing whatever to do with the question of medical jurisprudence. The only question in this connection, properly coming before a court, is, substantially, whether the individual is insane; and I may add, whether the criminal act, with which he is charged, and for which he is on trial, grew out of insanity? Of course, it is not the business of the expert, unless he is required to express his opinion on the subject, to go into the question of the classification of mental diseases. It does seem to me that it is a matter of no importance at all, practically, whether, in the opinion of the expert, the case in question is one of moral insanity or not. It is sufficient for his purpose and for the purposes of justice, that, in the opinion of the expert, insanity exists, and that the criminal act grew out of it.

DR. EARLE — It occurred to me, while I was speaking before, that I might possibly not be entirely understood, and I have no reason for concealing any view I may have upon the subject. I stated my unalterable belief that such a thing as moral insanity exists. I view the whole question as being in a transition state. I have no doubt that the time will come when physicians will look back on the proceedings of this Association, before a medical and legal public, in the same light that we look back to the state of feeling in regard to the motion of the earth and heavenly bodies, at the time Galileo was compelled to withdraw his opinions: in the same light we now view the state of feeling in regard to chemistry, when Roger Bacon was imprisoned because he tried medical experiments. I think the whole course of anatomy and physiology and of medical science is rapidly progressing to the point of full and clear recognition by all men who

study the subject, that moral insanity exists as well as intellectual insanity.

DR. NICHOLS—Will Dr. Earle allow me to make a single additional remark?

DR. EARLE—Certainly; I have done. What I wanted was to have my opinions go down on record.

DR. NICHOLS—I desire to make this remark: In many of the discussions touching the question of moral insanity, as a distinct form of disease, those who take the negative and those who take the affirmative are perhaps obnoxious to the same objection. Both are very apt to discuss the question in its social, legal, and semi-religious aspects. I do not propose to discuss it in these aspects on this occasion, or on any occasion, and I wish simply to remark that, in my judgment, such discussion is not becoming a scientific association. The question, as it seems to me, should be narrowed down to the existence of this form of disease and the evidence of it, and, if you choose, the philosophy of it. I think we should leave the question of the result to another place, if we participate in it ourselves; and if not, to another class of our fellow-citizens. I think, now, it would be perfectly proper, if this body were a quarter of a hundred clergymen discussing theological points, for us to examine the question as to what bearing this doctrine is to have upon bad people and good; but I think we have nothing whatever to do with that. It is perfectly proper and becoming for us, as individuals, to have our private views upon the subject, and express them; but as a scientific association, what does it matter whether the doctrine of moral insanity makes more wicked people, or whether it makes less? The only question in this connection proper for us to discuss, is simply the bare

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DR. EARLE—Certainly; I have done. What I wanted was to have my opinions go down on record.

DR. NICHOLS—I desire to make this remark: In many of the discussions touching the question of moral insanity, as a distinct form of disease, those who take the negative and those who take the affirmative are perhaps obnoxious to the same objection. Both are very apt to discuss the question in its social, legal, and semi-religious aspects. I do not propose to discuss it in these aspects on this occasion, or on any occasion, and I wish simply to remark that, in my judgment, such discussion is not becoming a scientific association. The question, as it seems to me, should be narrowed down to the existence of this form of disease and the evidence of it, and, if you choose, the philosophy of it. I think we should leave the question of the result to another place, if we participate in it ourselves; and if not, to another class of our fellow-citizens. I think, now, it would be perfectly proper, if this body were a quarter of a hundred clergymen discussing theological points, for us to examine the question as to what bearing this doctrine is to have upon bad people and good; but I think we have nothing whatever to do with that. It is perfectly proper and becoming for us, as individuals, to have our private views upon the subject, and express them; but as a scientific association, what does it matter whether the doctrine of moral insanity makes more wicked people, or whether it makes less? The only question in this connection proper for us to discuss, is simply the bare

scientific proposition whether there *is such a thing* as moral insanity, or not, without reference to what its influence may be in a social or religious point of view; and I will add further that, until we are in a state of mind to acknowledge the convictions of our own observation, whichever way they may tend, irrespective of considerations of a social and religious character, we are not in a proper frame of mind to reach real scientific conclusions, in other words, to reach the truth; for, I take it, after all, the only object of science is the discovery of the truth in relation to the subject upon which the mind is exercised.

DR. GRAY — I propose to take the advice of Dr. Brown, not to discuss the question.

THE PRESIDENT — The Chair understood Dr. Brown's proposition not to relate to this meeting.

DR. BROWN — Certainly not, and I was going to propose, after Dr. Gray has expressed his views, that the roll be again called, and members invited further to discuss it, for I should really like to have a full discussion now. I was entirely sincere in my proposition in respect to future meetings, and I have even drawn a resolution for the purpose of preventing future discussion of the subject. I hope, therefore, we shall have a full expression of views, in reference to this question, at this meeting.

DR. GRAY — I think, with that view, it would be advisable that each member of the Association should give his opinion in reference to this matter, and let it go on record, whether he should follow in the prophetic wake of Dr. Earle, or not. We are all seeking but one end: the instruction of ourselves and others. As several gentlemen have stated, perhaps upon individual cases we should not disagree in determining the question of in-

sanity. I should, for instance, agree with Dr. Tyler, in the case he has presented, that the person was insane, although I should not be able to draw the line of separation between the disturbance of the moral and intellectual faculties, as he has done. I should simply say the person was insane. Believing the mind to be a unit, I should say she was insane intellectually and morally.

In respect to the proposition of Dr. Nichols, as to discontinuing the use of terms, I should be very willing to drop the designations "intellectual insanity" and "moral insanity." I think those who have not been able to discover cases of moral insanity, do not use the word "intellectual" in that connection, at least so far as I remember. I have never myself seen a case of purely intellectual insanity, and should no more expect to see one than I should one of purely moral insanity. I should, therefore, be very willing to accept the compromise proposed by Dr. Nichols; and as to Dr. Brown, I should be glad if he would, instead of introducing a resolution before us not to discuss moral insanity in the future, assume the greater responsibility of removing the words from the books. His proposition is, practically, that we consult no more books upon this subject; that we adopt our individual opinions, and, in doing so, free ourselves from the trammels of these terms which have so embarrassed us in the courts, in the discussions of this body, in any papers we may have contributed to the public, and in any individual opinions we may have given. But these are terms which remain in text books; they are terms which have passed into books of law; they have passed into decisions of judges and of courts, and they remain there. They cannot disappear of themselves, nor can we, by a wave of the hand, or the utterance of a reso-

lution, send them into oblivion. Judges may be satisfied with the reply that we are not interpreters of the phenomena of mind; but they may ask us for reasons for the opinions given by us that this person is, or that person is not, insane. They may ask us what form of insanity we call this or that case, and we must be prepared with an answer. Dr. Brown was prepared for it in the instance mentioned by him, for he says he was willing to give his reasons why he thought the person was insane. I presume the case he refers to is that of Lake. (Dr. Brown assented.) If the medical witness is questioned as to why the prisoner should do this or that act, the reply might be that he was under a delusion; that he believed he was doing his duty. I recall a patient who told his father that he proposed to kill him; that it was the command of the Almighty, which he must obey, and which he could not avoid. He advised his father to get out of the way, and repeated the advice again and again. One night he took a butcher-knife, sharpened it, and killed his father. Now, although we may not account for the operations in the mind of that man, any more than we can account for the operations of the minds of others in a sane state, it would be proper to answer that he killed his father under delusion of duty. The intent here was not criminal, but the act was the offspring of a diseased brain. The courts are not particular if we have shown that the person has committed the act under a delusive condition of mind, the result of disease: they will accept that. If moral insanity is set up for a defence, as in the case of Huntington, then occasion is given for the profession to be disgraced, but not as Dr. Earle suggests, by the discussion of the question of moral insanity, in this Association. It is by testimony, given

by those who, though professional men, do not claim to be experts in such cases particularly, that discredit and odium are brought upon us. I do not believe that there is a member of this Association who could have been obtained to give such an opinion as was offered in that remarkable trial. Is there, let me ask, a single case on record in our country, where moral insanity has been brought forward as a defence, when the charge has been murder, and successfully maintained? — a single case, in which there has been a clear recognition by the courts of the disease described as moral insanity? There was the case of Speers, and I believe that is the first case we have on record in this country where the distinct plea of moral insanity was brought forward. That was for the arson of the Asylum at Utica. That man was sentenced to the State Prison, and, I believe, has since died. One expert, the late Dr. Ranney, testified to the insanity of Speers. The late Dr. Bell thought Speers entirely sane, and actuated by criminal intent. Several respectable members of the medical profession testified to his moral insanity. According to their definition of the term, it consisted simply in an irresistible impulse and desire to burn; and it was proved on the trial that the prisoner not only burned the Asylum at Utica, under this irresistible impulse, but that he had set fire to other buildings previously. The court gave an opinion rendered by Judge Allen, not recognizing the doctrine of moral insanity. Moral insanity had not been recognized by any decision of a court up to that time. In the case brought forward by Dr. Chipley, he does not, I believe, state whether the plea of moral insanity was raised or not.

DR. CHIPLEY—I know nothing about the testimony in the case at all.

DR. GRAY—I was subpoenaed to a trial in Rochester a short time ago, in which the plea of moral insanity was brought forward as a defence for murder in the case of Ann Barry, an Irish woman who had drowned her child. The defence, and the only defence offered was that of moral insanity. They gave the distinct form of this moral mania to be oinomania. The woman received, I think, the punishment which she merited, the one which ought to have been meted out to her, that of imprisonment for life. There was no insanity in her case, it was simply a case of murder. She destroyed, by drowning, this illegitimate child, because it was inconvenient to her. She was perfectly brutalized, and brutalized in the face of society. Society saw it, and yet took no particular pains to prevent it; no pains to reclaim her. She had just served out a period of several months in the workhouse, and was turned out with twenty cents and an illegitimate child a few months old. She took this small amount and bought enough whiskey to get partially drunk, tied a string around the child's neck, took off its clothes, which she subsequently pawned, and threw the child into the canal.

DR. EARLE—I ask Dr. Gray whether he supposes any members of this Association would pronounce that a case of moral insanity?

DR. GRAY—No, sir; I do not think they would. Neither do I think they would have given such an opinion in the case of Huntington, but some physicians did, and in this case, as in the case of Huntington, they also relied upon books. They quoted Ray and others to prove that there was such a thing as moral insanity. They read definitions of the form of disease put in as a plea, to show that this woman had a legitimate defence.

They brought psychological authorities, under which they attempted to establish the plea of homicidal impulse.

Now, if our friend Dr. Brown will remove these definitions, if he will take away these implements, which we all agree are dangerous instruments in the hands of unskilful men, he will have accomplished a very desirable work. But the words have been put into certain books of medical jurisprudence as edition after edition has been published, and are we to believe that by the passage of a resolution in this body, that we are thus to end discussion forever? Are we not rather to believe it will be brought forward in courts of justice, and that moral insanity will be discussed as long as diverse opinions are entertained. Some gentlemen have said that this question will not arise except in a very few cases, but these cases may be those in which the life of the party concerned is involved. It matters very little whether it is one case or a thousand, if the life of a human being is at stake. We are to regard that life, and we are to be careful what we are teaching. We are to be careful what principles we lay down, what criteria we establish to govern in questions touching this subject. I agree with Dr. Brown that it is a very embarrassing and unpleasant position to be placed in when on the witness-stand, and required to answer all questions. I could wish with him that the simple questions would be put, "Is this person insane or not?" I think myself justice would be quite as likely to be meted out, and mercy given when deserved, and that the truth would be more likely to be fully elicited in these cases if we had but these simple questions asked us, and were permitted to give our reasons. But it is often the special effort of the lawyer to see if he cannot embarrass us.

He puts his questions with that view, and has the right to do it.

DR. BROWN—You are not bound to answer all questions.

DR. GRAY—When it comes to the cross-examination the witness is bound to answer.

DR. BROWN—He is not obliged to answer foolish questions.

DR. GRAY—A man is not obliged to answer anything. He may say he does not know. I wish, with Dr. Nichols, to put myself again on record, but on the other side, as a non-believer in moral insanity. I do not think there should be any feeling about this matter, and I do not know that there is. If in future ages it shall be shown that we are all wrong, and our friend Dr. Earle is all right, so much the better for his reputation with posterity. But until we are convinced, it is to be hoped the door of discussion will not be closed and leave us unrepentant and perhaps unforgiven. I will conclude by saying that I concur fully in the views set forth by Dr. Chipley. I am glad the profession have so able an exposition on this subject as he has given us. I do not think the amount that has been written on moral insanity the last fifty years would make a very large book, although I concur in the opinion entertained by some that much might have been left unsaid with advantage to the cause.

DR. CHIPLEY—I do not propose to discuss the general subject. A side issue has grown up on the proposition made by Dr. Brown, that strikes me as a very singular one. He proposes to introduce a resolution that this question shall not be discussed by the Association in future, and for what reason? Because there is a

diversity of sentiment on the subject. Now it seems to me that to carry that principle to its logical conclusion, the resolution should go farther, and provide that no other question on which unity of sentiment does not exist shall be discussed by the Association, and if we differ on any subject let it be excluded from our deliberations. One reason given in favor of the adoption of such a proposition is that these discussions have been damaging to the reputation of the Association. Now, I cannot see how the discussion of any question on which we differ can be damaging to our reputation as an Association, unless it is discussed in an improper manner. If there is to be no discussion on any question in relation to which we do not agree, no good object can certainly be gained by discussion. But what object can be gained by refraining? Here is a subject that forms a prominent feature in every system of psychology, and it will form a part of every book written upon that science. It may be possible to write a systematic medical work upon insanity without touching upon this question; but it is impossible to produce a work, at the present day, upon medical jurisprudence, without moral insanity forming one of its prominent topics. While we, as an association of gentlemen in charge of a great portion of the insane of the country, propose that we will ignore a question found in every work written upon the science we profess to inculcate. I repeat, the proposition strikes me as a very singular one. Is there any reason in its favor that would not apply as forcibly to other questions on which we differ? And if we ignore every question on which we differ, it is apparent we shall have nothing left to talk about.

My friend, Dr. Earle, joins Dr. Brown in this proposition, and in the course of his remarks observes that we, who do not think with him, have not a clear understanding of what constitutes moral insanity. Now, is that a reason for withholding our views upon a question discussed so largely by Prichard, Ray, and other eminent men, involving a doctrine which Dr. Earle considers as clearly established, and yet at the same time alleges that we have no clear conception of it?

DR. EARLE—What I intended to suggest was, that each one might have a clear conception of his own meaning, but that we did not understand each other.

DR. CHIPLEY—How, then, are we to come to an understanding of each other's views unless the subject is discussed? Is there any chance, on the face of the earth, of settling the question without discussion? Had we not better discuss it here, and see if we cannot harmonize upon some solid, immovable basis, rather than go home and there discuss it in print? As remarked by Dr. Gray, at our dictation, this thing will not be dropped; the discussion will go on. Here is a practical case in Kentucky, a judicial decision made, which has produced very great excitement in the legal profession and in the Legislature. Propositions have been made to pass a statute defining a limit to the plea of insanity, a statute which would do great harm to those who are really insane. Such is the character of insanity that no safe description of it can be embodied in a statute. It must be left so comprehensive that, while furnishing no shield to those who are really criminals, it will protect from punishment those who are really insane. No such law has yet been passed; but the effort has been made, and will probably be renewed, defining the limit within which the plea of insanity can

be made. It is clear to me, therefore, that this is a practical question in which we must all be more or less involved, because we shall be, at all times, liable to be called on by courts to give our opinions. It has been remarked that, although we discuss this question to all time, there will be no change of sentiment. Now, there may never be another change, but there has been one. I was a believer in moral insanity. Without examining the subject very thoroughly, reading Dr. Ray's work and others, I was a firm believer in it. But the subject was discussed and brought more specially to my observation, and I looked into the authorities as far as I could, and the result is, that I am a convert to the opposite view. If, therefore, one person has been converted through discussion, it may be possible that others will be; and if I am wrong now, perhaps a full discussion of the subject may convince me of the fact.

DR. EARLE — Were you not converted by your observation?

DR. CHIPLEY — If I were to go back and explain the causes of my conversion, I believe I should give more weight than to any other consideration, to the fact that I examined, with all the ability I possessed, those remarkable cases which are to be found in all the books upon the doctrine of moral insanity, and which constitute, to a great extent, the basis of that doctrine. I made up my mind, I think, very largely from my examination of those cases, and observation has sustained my views.

One peculiarity I have noticed in the debates to which I have listened to-day, is, that those who are believers in the doctrine of moral insanity, and who hold that the question ought not to be discussed farther, seem to be

the only gentlemen who really enter into the discussion, which seems to imply that it will be very well to discuss it on one side if no opposing arguments are introduced. Gentlemen have claimed here to-day that moral insanity is now well established among medical and legal men as a well recognized form of disease. Dr. Ray says there is only now and then a dissentient voice. Now, we disbelievers in the doctrine, looking upon it as having no foundation in fact, are asked to stop this discussion and allow the writers in favor of moral insanity to appeal to the experience of psychological practitioners and others, "with only now and then a dissenting voice," as proof that the doctrine is well established. The fact that the advocates of moral insanity have been able to refer to scarcely an instance in modern times, is, I think, sufficient to show that they ought not to claim the doctrine as fully and completely established. I look upon this as an exceedingly important question, and as equally important that we should discuss it until we can harmonize upon some solid basis. I have no doubt Dr. Earle is right in saying that we might agree in reference to any particular case being one of insanity, the difference being that he would declare it a case of moral insanity, while I should say it was a case involving also the intellectual faculties. It is also true, as I have stated in the paper read, that juries are not required to find whether the insanity in question is moral insanity or any other form. All they are required to determine is, whether a man, by reason of insanity, may properly be relieved from the responsibility attaching to a criminal act. I will conclude by repeating that I hope Dr. Brown will also include in his resolution that no question shall be discussed in the Association on which there is a difference

of opinion, and then we shall certainly have very harmonious meetings. (Laughter.)

DR. BROWN—It will perhaps save time if I state more distinctly the exact proposition I did propose to make. Dr. Chipley, in his paper which has been read to-day, alluded to what is called moral insanity by writers, as a superstructure founded upon a few cases which are historical and threadbare. My point was, that as but very few cases will be presented by the members of the Association, discussion upon this question should be confined to the practical questions growing out of these cases. I see no good likely to result from talking metaphysically without any live case before us, and therefore I proposed that such discussion should be discontinued.

DR. CHIPLEY—It will be recollected by those who listened to the reading of the paper to-day, that I stated very distinctly that this question of moral insanity can be finally settled in no other way than by clearly detailed cases, such as will force conviction upon the medical and legal mind. I do not think it is to be settled at all by metaphysical reasoning.

DR. BROWN—I agree with Dr. Chipley perfectly. The case presented by him is one we may all discuss with advantage, and for that reason I did not intend to propose that this matter should not now be fully discussed. I sympathize entirely with Dr. Chipley in the views he has expressed in respect to the discussion of questions about which there is a difference of opinion, but I did desire that this question should not be discussed by this Association in the abstract, only incidentally to the cases which should be reported as a basis for such discussion. I have here a resolution written, which I propose at a proper time to offer, with a view of restricting this dis-

cussion in future. We shall then know when we meet together that our time is not to be taken up by a discussion of merely abstract questions. As I said before, the whole matter of the testimony we shall give when we go into courts is in our own hands. We are not compelled to enter into outside matters of mental philosophy. In reply to my friend, Dr. Gray, who says the lawyers will ask questions, I say that we are not bound to answer them, and we ought not to answer questions that are improper. I may say that a few days ago I went into the private library of a prominent lawyer in New York, and upon his table noticed a package of papers which had been prepared in reference to a medical and legal case, and I found several sheets of paper, six or eight at least, covered with questions intended to be propounded to a medical witness. They were prepared for any turn the testimony might take. If the Doctor answered thus and so, one series of questions were to be propounded to him; if he answered differently, another series of questions were all put down in black and white. That incident of itself was sufficient to guard me hereafter against answering too freely cross questions put by a lawyer, that are, in my judgment, not pertinent to the question in issue. I confess my inability to answer a great many of the questions that lawyers propound to medical witnesses. I perhaps ought to say that my examination of the papers of this lawyer was with his own consent.

DR. WALKER—When my name was called, feeling somewhat overawed by the proposition of Dr. Brown, I refrained from making any remarks. Nevertheless, after further consideration, I feel impelled to put myself right upon the record. I am glad this discussion has developed

a common ground upon which we can all stand, and upon which we all do stand to-day. I have never in the course of my observations found a case of insanity not attended by more or less moral obliquity. On the other hand, I have never had under observation a case of moral insanity without more or less intellectual deflection. If others have observed cases where one class of the faculties only have been disturbed, their experience has been different from mine. But after all, do we not meet on this ground, that under whatever name it may be called, we agree as to whether the person is or is not insane? Why then should we stop to inquire whether a disease, manifesting itself mainly in the disturbance of the moral faculties, is absolutely without derangement of the intellectual faculties? The intellectual and moral qualities are both component parts of the mind, and may we not all agree upon the common ground that whether intellectual or moral disturbance predominates in a given case, the disease itself is a mental one, and there leave it? It seems to me that this is the true ground.

THE PRESIDENT—I have been requested to say something upon the subject under consideration. I have no inclination to prolong the discussion, and I am sure if I had I could add nothing to the force of the arguments that have been used. I will simply state the result of my own observation. I have never yet met with a case that in my judgment could properly be called moral insanity, and I will add that I think the term "moral insanity" is a most unfortunate one. It is one I have never yet allowed myself to be compelled to use in giving testimony before a court. I have never seen a case which would be called insanity in which I did not believe real delusion existed. In almost every case delusion can

be detected. At the same time I am willing to acknowledge that there are cases in which, while I believe delusion exists, it is extremely difficult to detect. When the case is one about which there is no doubt, it seems to me of great importance that the medical witness should not use in describing it a term, about the propriety of which great difference of opinion will arise. I think when we express an opinion as to the insanity or non-insanity of any case where we are called, that is all we are required to do. I can see, therefore, no possible objection to abandoning the term "moral insanity," which I regard as a very unfortunate one in every respect, and particularly unfortunate to those who are really insane.

In regard to questions put by lawyers in the examination of witnesses, it seems to me a most important lesson we all have to learn is simply to answer "yes," "no," or "I do not know." It has been a misfortune beyond a doubt in the region in which I live that medical men have often undertaken to give lectures upon the subject to courts and lawyers, who do not, as a general rule, constitute a very appreciative audience.

Dr. Chipley's paper was laid on the table.

DR. PECK, from the Committee on Time and Place of Meeting, reported a resolution that when the Association adjourns its present sessions, it be to meet in the city of Boston, on the second Tuesday of June, 1867.

DR. VAN NOSTRAND moved to amend, by inserting Chicago in place of Boston.

A proposition was also made to insert Nashville as the next place of meeting.

After debate, it was determined that the next meeting be held at Chicago.

On motion of Dr. Brown, the vote was subsequently reconsidered, and Nashville again proposed.

An informal vote was taken, showing that the members present were about equally divided in their preference for Nashville and Boston, respectively.

DR. NICHOLS then proposed as a compromise that Philadelphia be selected, which proposition was unanimously agreed to, and the third Tuesday in May, 1867, fixed as the day of meeting.

THE PRESIDENT announced as the business next in order, the paper presented by Dr. Ray two years ago, embodying the project of a law defining the legal relations of the insane, postponed until this meeting, and coming up now as deferred business.

DR. GRAY—This project of a law was discussed here two years ago, but in the absence of Dr. Ray, whose production it is, was postponed. It seems to be advisable whenever it is taken up and fully discussed that Dr. Ray should be present to make such explanations and suggestions as may seem desirable. He has given great attention to the subject, and in order that we may have the benefit of his presence when the subject is to be finally considered and disposed of, I move to postpone the subject until the next meeting of the Association.

The motion was agreed to.

The meeting adjourned until 9 o'clock to-morrow morning.

THIRD DAY.

Thursday, April 27, 1866, Morning Session spent in visiting the Insane Asylum for the Army, Navy, and the District of Columbia, under invitation of Dr. Nichols,

and in visiting the National Medical Museum, under invitation of the Surgeon-General, Dr. J. K. Barnes.

AFTERNOON SESSION.

The Association reassembled at 4 P. M., and proceeded, as the regular order of business, to the consideration of the subject of the proper care and treatment of the chronic insane.

THE SECRETARY stated that he had received a communication from Dr. Butler, Chairman of the Committee on the subject now up for consideration, stating that in consequence of ill health he had been unable to give the subject proper attention to enable him to prepare a report, and desiring the subject to be postponed until the meeting next year.

THE PRESIDENT remarked that the action taken by the Legislatures of several of the States upon this subject rendered it peculiarly important that the subject should be taken up and discussed by this meeting, so that the public may have an opportunity of knowing what are the opinions of the members of the Association upon the various questions involved.

DR. WALKER—As a matter of respect to Dr. Butler, moved that the subject be postponed for one year, expressing, however, the intention to vote himself against the motion.

DR. BROWN inquired whether any of the other members of the Committee had prepared their views in form to bring before the meeting.

DR. WALKER replied that Dr. Curwen and himself, the two other members of the Committee, had a consultation on their way to Washington, and agreed upon the sub-

stance of the resolutions they would present in case a report from the Committee was called for. He was of the opinion that the feeling in the community on the subject was such as called for immediate consideration and action on the part of the Association. He therefore hoped a postponement would not take place, and was ready when called upon to present resolutions prepared by himself and Dr. Curwen, as members of the Committee.

The motion to postpone was disagreed to.

THE PRESIDENT then called for the report of the Committee.

DR. BROWN said that Dr. Cook had prepared a paper upon the Condition and Care of the Insane Poor of the State of New York, and in order that the Association might have this paper before them in the discussion to follow upon the resolutions of the Committee, he moved that Dr. Cook be requested now to read his paper.

The motion was agreed to.

DR. COOK, with the prefatory remark that the paper had been prepared after consultation with the Chairman of the Committee, Dr. Butler, read his paper.*

THE PRESIDENT then called for the report of the Committee.

DR. WALKER—It will be recollected by the members of the Association that the general subject of the care of the chronic insane, and questions incident thereto, was brought to the attention of the Association in a paper read by Dr. Butler, at the meeting at Pittsburgh last spring, and that the subject was then referred to a committee, consisting of Drs. Butler, Curwen and myself.

* See page 45.—EDS.

We, of course, awaited the summons of the Chairman of the Committee to call us together, but ill-health prevented his attention to the subject. Until our arrival in Washington we were not aware that he had prepared no report, but had requested that the subject be laid over. It was then too late for us to prepare a report, that should present elaborately, well-digested views on the subject; but having had some consultation on our way here, we determined to embody our views in a series of resolutions, which I am now prepared to present, and which we thought might prove a medium between the conflicting views held by different members of the Association. The Committee are painfully aware that the public mind, in many directions, is moving in this matter, and that the public are waiting to hear of the action of this Association upon the subject. In whatever they have done and are now doing in this direction, they are moving, in the dark, and by way of experiment. It seems to us that the time has come for this body to act in regard to the matter in some practical way, or else allow communities throughout the country to move on in their own way, without regard to us or our opinions. In view of these facts, we have prepared, and now submit the following resolutions:

No. 1. Every State should make provision for the care and treatment of all the insane within its limits, whose relatives, by reason of limited resources, are unable to make proper provision for them.

No. 2. Every hospital should be located as near as may be in the centre of a given district, so as to lessen the expense and risk of life incurred in conveying the insane thereto.

No. 3. It is unwise and opposed to pure humanity, as well as to true economy, to attempt to make the labor of the insane pecuniarily remunerative, or even as a primary object, contributive to their support.

No. 4. No class of insane, except that of chronic and advanced dementia, should be cared for otherwise than in hospitals properly constructed, equipped and organized.

No. 5. Demented persons, in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their peculiar condition with such arrangements and provisions for their care and custody as shall effectually secure them from the danger of abuse and neglect to which, as a class, they would otherwise be specially liable, and under the entire control of a competent resident physician. The persons to be provided for as above should be selected by a commission, composed in part, at least, of experienced superintendents of hospitals for the insane, and no one should be thus provided for who has not previously enjoyed the benefit of hospital treatment.

DR. CHIPLEY—I move, as a substitute for the resolutions just read, the resolutions adopted by a Convention of Superintendents of the Poor of the State of New York, in 1855, as follows:

Resolved, That the State should make ample and suitable provision for all its insane.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or alms house, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

DR. BROWN—Every one present knows how readily an individual who has once suffered from an attack of insanity falls again into the second attack. The proposition which I made yesterday, in reference to another subject, and which seemed generally to have been accounted to me for insanity instead of wisdom, that we should not discuss the subject further had very nearly risen to my lips in regard to this, because, after Dr. Cook's paper was read, the Committee appointed by the Association presented a series of resolutions, the last of which seemed to concede all that Dr. Cook asked for. If that, therefore, is to be considered as the sense of the Association, we might save ourselves a great deal of time, and much wear and tear of thought and tongue, by saying nothing on the subject. You perceive that Dr. Walker's fifth resolution proposes that "demented persons, in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals."

I repeat that if the fifth resolution of the Committee is to be the sense of this Association, although it is not yet acted upon, it would concede all that Dr. Cook claims in the matter of special provision, and perhaps for special institutions for the chronic insane. And, had it not been for the other proposition which Dr. Chipley has presented as a substitute, I think I should not have tried the patience of the Association by offering any other re-

mark. However, the matter is to be discussed; that is decided, and I will therefore say a few words upon the general subject.

First—I desire to say I see no special reason for the establishment of institutions for the chronic insane. My views upon this question have been known to many of the members to go to the extent of looking somewhat with disfavor upon private institutions for the insane. But there is a portion of the community who desire and demand such provision, and I am not unwilling that it should be given by such institutions, yet I desire very much that they be placed under such control and supervision as to insure safety and protection, both to the patients and to the public. And I have entertained similar views in regard to institutions for the chronic insane. The time may arrive when their establishment may be demanded as the last method of meeting a great want which prevails throughout our whole community. But that is not the question at the present time. The question which presents itself to every community and every State is: What is the best method of providing for the insane of that Commonwealth? After the class of persons whose circumstances permit them to provide for their own friends, are cared for, another class of persons require protection—the indigent and poor.

It was the object of the Legislature of the State of New York, in the law passed in respect to the admission of indigent patients into the State Asylum at Utica, to make ample provision for that class, but at present we know that, as a class, they are not sufficiently provided for. For a correct understanding of Dr. Cook's proposition, and to meet the question fairly upon its merits, it seems fair to say that I understood him to remark that

any other form of provision for the insane poor of the State was not to be expected or hoped for, and that he therefore had proposed the system that he presented here as a means of improving the condition of a class who were otherwise to be abandoned to the abominations of the county-house system. I have only to say in respect to that, that if Dr. Cook's plan is based upon the necessity of such institutions in the State of New York, his apprehensions have already, I trust, been removed, for within the last few weeks a law has been passed directing the establishment of a new State Hospital of the usual character, and I understand there is a probability that, sooner or later, within a reasonable time at least, a similar one may be established in another portion of the State. If, therefore, the Doctor's object be merely to provide for the insane of the State in the usual hospitals, or in the manner which he proposes, to be adopted as a substitute for a better method, it seems unnecessary, so far as the State of New York is considered, to go at length into the consideration of the present necessities of that State. Were it not so, the question, then, would arise, what is the best method, in the abstract, of providing for the indigent and poor insane of any given State? We are not obliged to resort to theory merely upon the subject, because we have examples before us of institutions established under the different systems, and we may compare one with the other. The State of Massachusetts, for example, has adopted the policy of erecting smaller institutions in different portions of the State, with the view of their receiving the larger part at least of her insane. Whether they do so receive them or not, others can say better than myself. If not, it would seem to me their present hospital system only requires

expansion to embrace all of the class of insane requiring the aid and support of the State. And that is what I believe Dr. Cook considers preferable, if it can be accomplished. If hospitals can be sufficiently numerous to provide each for all the insane cases in its neighborhood in the most humane manner, without compelling them to travel a long distance to reach the hospital, and additional buildings erected in connection with the present institutions sufficient for the care of the chronic insane, I think that would meet the necessity of the case fully. The article by Dr. Jarvis in the last number of the *JOURNAL OF INSANITY*, showing the proportionate number of insane persons in any community, treated in hospital, as compared with the approximate distance of their residence from the hospital, would seem to settle the question of the relative number of hospitals called for in any given State.

With reference to the institution which has been directed to be constructed by the Legislature of New York, for the care of the chronic insane, the "Willard Asylum," I may say, that it had my earnest sympathy under the circumstances related to me as existing; and it would still have, if those circumstances and facts had not been, and could not be, modified. I was informed that the Legislature of New York, at that time, was unwilling to expend money for the construction of additional hospitals of the usual form, but that they were willing to erect a hospital at a less cost, or an asylum for the insane, where might be gathered those now suffering in county-houses. A very serious objection to that was, that it was to be a single institution, located in the central portion of the State, and persons from a distance would thereby be prevented from seeing their friends,

and from receiving such attentions from them as would otherwise be natural and desirable. It would subject those friends who might desire to see them to great expense in visiting them, and the matter of expense would deter large numbers of them from ever visiting their friends. The transfer of patients to that institution would, therefore, be a complete and final separation of members of families. When, however, the matter came to be considered by the Legislature at a subsequent session, they were made to believe, and properly, in my opinion, that a better system existed already in our present hospital organization; and, I am glad to say, that they adopted that better system.

When the matter of a third institution was before the last Legislature, at the request of some of the members, I stated my belief, in a letter, that if the proposed system of the Willard Asylum bill should be entered upon, it would soon be found that it could not be carried to the extent contemplated by its advocates; that a proper care of the patients would limit the number to be provided for much below the point proposed; and furthermore, that a hospital building for paroxysmal cases would be necessary, and that it will soon be found that the institution would become necessarily another central State hospital. In that view it seemed to me to be very unjust to more distant portions of the State that a second institution of this kind should be located so near the Asylum at Utica. I suggested that it might be well to reconsider the whole matter, and act upon it with reference to the relative claims of other sections of the State. Whether this letter had any influence in the minds of the members I do not know. It seemed to me the course I mentioned was one having a bearing on the whole question as applying to other communities as well as ours.

There is another consideration in connection with the matter, which I trust Dr. Cook will pardon me for speaking of if it should seem, for any reason, to be invidious, because I should be included, in some measure, under the same reason myself. Dr. Cook's institution is in the western portion of the State of New York, and as is known to the members present, is his own private property. The institution with which I am connected is at the other end of the State, a chartered hospital, depending wholly on the income derived from patients for its support. Both institutions would, in some measure, be affected by the establishment of a State hospital in their vicinity. Feeling this, at the time I wrote the letter spoken of, I stated that of the number of patients in the Bloomingdale Asylum at the present time, 43 per cent. pay less than the cost of their support, and that it is only by the higher rates paid by more affluent patients that the institution is enabled to sustain itself. Now, a very considerable number of that 43 per cent. will probably be removed, and those who would otherwise be their successors will go into the new hospital which is ordered to be constructed on the line of the Hudson river. I do not mean, of course, that such considerations would affect the views of either Dr. Cook or myself, in the discussion of this general subject, but it is an element which others would be very willing to take into consideration, and I think, therefore, it is due to ourselves to consider it also. The force it may have is this: that the erection of a large asylum for the chronic insane, by gathering these persons into its enclosure, taking a considerable number from the Asylum at Utica, leaves room for more acute cases; but at the same time it keeps communities at a distance from Utica from furnishing any

considerable increase of patients, as shown by the article already alluded to from Dr. Jarvis, and I have no doubt our own institution and Brigham Hall would both thrive better in the next ten years if another State hospital is not erected in our immediate neighborhood.

Dr. Cook, in his paper, referred to a proposition made some years ago to limit the number of patients in State hospitals. I do not feel myself fully competent to speak upon that subject, because my experience in most of my asylum life has been of a different character, although I was connected as Assistant Physician with the State Institution at Utica, and with that in Vermont also, for a time. But I must say that my views concur with those who think the number proposed too small. I see no reason why a State institution cannot be increased in capacity very considerably beyond the limit mentioned, nor can I see why additional accommodation for the chronic insane may not very properly be made in each case. The extent to be determined by the experience of those who are best capable of forming an opinion.

DR. VAN NOSTRAND—I do not propose, at this late hour, to take up much time in the discussion of this matter, and I can express the views I have to give in very few words. So far as the State of Wisconsin is concerned, I should most strenuously oppose a separation of the two classes of patients in different institutions. I think they can be better provided for in the same institution. It seems to me that combining in the same establishment the characteristics of hospital and asylum profits both classes of patients. The matter of the employment of patients comes up incidentally in considering one of these resolutions, and, in my judgment, that of itself furnishes a very strong reason for per-

mitting both the chronic and acute patients to be treated in the same institution. Most of the labor of the institution of which I have charge is performed by the chronic insane. They are more to be trusted to perform work than acute cases, and they labor to more advantage to themselves. Many of the acute cases who are able to labor at all, will have to be taken from the garden, the barn, or wherever they are in a very short time, because the exercise exhausts them; while many of the chronic cases will perform as much labor as ordinary men in a sane condition. During the winter, in consequence of the circulation of blood being usually poor in the chronic class, it is not practicable to keep them out of doors for any considerable portion of time. They would freeze almost immediately on being exposed to a climate like ours, where the thermometer goes as low as 40° below zero. Our patients, therefore, mostly remain within doors, and in the spring they are much poorer in health than they were in the fall. I think the labor, in season, which they perform is not only a source of economy to the institution, but of benefit to the patient. Four-fifths of all our farm labor is performed by the chronic insane. Last year we raised many thousand bushels of roots and many hundred bushels of corn. Some of our chronic insane, who, until they entered the institution had never done a day's labor, turned out and assisted in this farm work. I remember one man who for ten days stood like a stake in a field, showing no disposition to move hand or foot in assisting in the work. But after a while he went to work, became a valuable hand, and before fall was much improved. I should certainly very much regret to see Wisconsin build another institution for the insane, and put all the incurables into it. I think it

better for both classes that they should be treated together, and I shall be very sorry if this Association, composed certainly of men better able to judge in this matter than any others in the country, should finally decide by vote that it was proper to do so. I shall certainly cast my own vote without any hesitation against such a proposition.

DR. WALKER—I beg that the members of the Association will not be governed by the course Dr. Brown has taken in begging the whole question, by saying that the last resolution of the Committee yielded all that was claimed by Dr. Cook. Bear in mind that the last resolution applies only to insane persons in an advanced stage of dementia. It does not say anything about chronic insane. If the resolution should be passed and carried into effect, there would still be left a large class of chronic insane to be provided for in the hospitals. In the discussion of this subject, therefore, I hope this difference between the resolutions of the Committee and Dr. Cook's paper will be borne in mind.

DR. PECK—My very short experience in this specialty would not permit me to enter into an elaborate discussion of this matter. I wish, however, to state emphatically that I should regret exceedingly to have any action taken in my own State (Ohio) for the separation of the two classes under consideration. I have labored since our last Annual Meeting to prevent any such thing taking place. Our people in Ohio have been somewhat led in that direction by my predecessor, and the new Legislature, when it came together last winter, feeling that something must be done for the chronic insane of the State, came together imbued with the idea that a gigantic institution should be built to provide for them at once.

I labored to induce them to abandon that idea, and I think, perhaps, that what little I may have done, may have had some weight in turning the current in another direction. Our Legislature made provision for the enlargement of our northern and southern institutions to the extent of double their present capacity. They have organized a commission to take the census of the State and ascertain the number of insane persons unprovided for, with the idea in view of building another institution in a distant portion of my own district, and of dividing the district. I am in hopes such a result will take place, and indeed I have very little doubt that another institution will speedily be built upon the same general plan of organization as that of the three existing State institutions. We have all requisite means for carrying on a system of hospital labor, and I cannot conceive that any improvement whatever could be made by attempting the experiment of separating the two classes in our State. I wish, most emphatically, to place myself on record in opposition to any proposition to provide for the chronic insane in separate institutions.

DR. RANNEY—I suppose that no one of the States has adequate provision for all the insane within its limits. The result is that our hospitals are crowded beyond their capacity—so crowded that their usefulness is very much impaired, and one of their chief functions, as now organized, that of the treatment of recent curable disorders, is prevented from being realized. It seems to me that a further classification is one of the ends to be desired, and that in that further classification the principle of separation, to some extent, should be adopted. It cannot be absolute, I suppose, but to some extent a separation of the recent from the chronic cases is desirable. It has

been my recent experience more particularly to observe frequently unpleasant results, and often most injurious and unfortunate results from the presence of persons with chronic and probably incurable disorders under the same roof, and mingling with recent and curable cases, and I have felt latterly more than ever before the desirableness of the separation of the two classes to some extent. Just to what extent must be determined by the peculiar circumstances of any particular case, or in any particular region or locality. Especially do I feel that it is very desirable in an institution receiving recent cases that the supposed incurable epileptics should be removed. Nothing, it strikes me, can be more unfavorable to a person not accustomed to such exhibitions, than the frightful convulsions liable at any moment to occur in an institution containing a large number of patients in which no such separation is made. That is the case, to a very great extent, in the institution in Iowa, with which I am connected. I may say that we have recently received more cases of epilepsy than I have ever met before in my experience. I have 47 out of 315 patients subject to that disease.

I should oppose the aggregation of chronic and incurable patients in one large institution. The great distance from one portion of the State to another would, as has been expressed by Dr. Brown, in many cases work a final separation of families, and do great injustice and almost cruelty. I am not aware of any patient under my care, however poor, who has not some friends or persons interested in him to a sufficient extent to induce frequent correspondence in respect to him, and I know it is now felt to be one of the greatest deprivations where the distance is so great as to prevent the friends

of patients from visiting them. It would be pleasant and generally advantageous to both parties if they were so near that occasional visits could be made by friends. I should therefore recommend, in the State where I live, and I presume it would be the same in the adjoining States, that the chronic incurable insane should be collected into small institutions in different parts of the State, large enough, however, to have an organization that will protect them from any cruelty or injustice, and that would secure all that their wants might require.

It seems to me that the chronic insane may be made, to a considerable extent, self-supporting. It is one of the great wants of the institution with which I am connected that greater opportunities and facilities for labor are not provided. It is impossible, upon one farm of 170 acres, to give my patients all the opportunities for work of which they are capable and which they would be very glad to perform. As it is, the farm is very largely productive and highly remunerative, the chief work being performed by patients. They take care of the cows, twenty-five in number, three patients take nearly the entire care of them, do the milking, feeding and herding, and it is well done.

DR. EARLE—Without the oversight of any hired persons?

DR. RANNEY—No. With the usual oversight of hired persons. The patients do all the milking, and pretty much all the feeding, taking care not only of the twenty-five cows, but of twelve horses besides, and do a great deal of work on the farm. What I mean to say is, that three patients do as much work as to take care of the cows, and that much other work is done, and that much

more would be done if we had the means and opportunities. For that reason I proposed to the Legislature of the State, at its last session, to purchase for us an additional tract of land, and I have no doubt it would be a remunerative investment for the State.

DR. PECK—If I may be allowed, I wish to make one additional remark. I desire to say that the law regulating our institution prohibits the admission of epileptics, so that we do not experience the trouble mentioned by the gentleman who last spoke. There should be—and I have been laboring to that end—an institution for their especial care and treatment.

DR. VAN NOSTRAND—Let me ask Dr. Peck what they do in his State with the violent epileptics? Our most dangerous patients are of that class. In fact, the only injury I myself have received was from a violent epileptic.

DR. PECK—If there are such, and I have no doubt there are in our State, I suppose they are cared for in the county houses and probably in jails. I say they should be cared for, but our laws prevent their being admitted into the asylums because of their ill effects upon other patients.

DR. GRAY—Mr. President: I feel embarrassed in being called upon to speak at this period of the discussion, from the fact that I did not hear the paper of Dr. Cook, and further from the fact that I did not hear the remarks of the member of the Committee (Dr. Walker) who presented the resolutions. I understand, however, that the subject before the Association embraces the report or resolutions of the Committee, and also the paper of Dr. Cook. I inferred from the remarks of Dr. Brown that the resolutions and paper presented the same

view of the subject, but the subsequent explanations of Dr. Walker, touching the intent of the resolutions, would seem to indicate a difference. I judge from the discussion, so far as I have heard, that the paper of Dr. Cook was in advocacy of institutions specially for the care of the chronic insane.

DR. COOK—I will call the attention of the members of the Association to the fact I stated distinctly in the paper read by me, that the result would probably be the erection of buildings more cheaply constructed in connection with the State asylums where these patients would be placed. That was my impression. I stated that in New York the condition of the insane in the county houses was such that I believed the speediest practical relief under the circumstances existing in our State would be afforded by the erection of asylums specially for their care; not that I would recommend the establishment of separate institutions where adequate provision already exists for their care in hospitals receiving recent cases.

DR. GRAY—Then we have three propositions under consideration. We have the report of the Committee, declaring that a certain class of chronic insane described as “chronic and advanced dementia,” may properly be provided for in institutions differing from the asylums now in existence, and yet adapted to their *peculiar* condition, with a competent medical head, etc. We next have the paper of Dr. Cook, advocating a special asylum for the chronic insane—its necessity growing out of the peculiar circumstances existing in the State of New York—which shall remain as an institution for the care of those who are now in the poor-houses, not having passed through an ordinary hospital, and for the recep-

tion and care of those who, under the operation of the Willard Asylum law, shall be discharged from the ordinary hospitals when advanced in dementia. In fact the two propositions are similar; patients who have been treated in an hospital for a long time, and whose cases seem to be unfavorable, are to be provided for in special institutions contemplated by these gentlemen. Dr. Cook, however, states as a third proposition, that it would be *better* to attach to the ordinary hospitals cheaper buildings for the care of the chronic insane. Now I should like to know to which of these propositions the discussion is to be directed, or whether it is to apply to all of them? Dr. Brown, in my view, has proposed to meet the difficulty which lies before us in the only true way, *i. e.*, by the enlargement of the institutions now in existence in the various States, to the extent that each can be carried, and yet be properly controlled and taken care of; and if still further provision be required, then to erect other institutions of a similar character, and enlarge them as necessity may demand to the limit of capacity or size that a single governing head, under a general plan of management, can control, and yet give the necessary care and attention to details. This is a proposition, moreover, which the most eminent men in Europe, who have made this a subject of special study, and after the trial of various methods, have deemed to combine the most advantages of any plan proposed to relieve the great pressure upon the institutions in those countries; and it would seem to be the only proper mode of relief for our own. If there are several ways of accomplishing the same end, and those ways are equally good, it will remain simply a matter of taste which is to be chosen; but if one is better than the others, let us make no com-

promise, but adhere to that which is best. The subject before the Association is not a new one, yet it is one of the most vital importance to the public, the profession, and the insane, and grave questions are involved which are difficult to discuss extemporaneously. The real question, however, is this: shall we continue the present asylum system and extend and increase the existing institutions, or engraft upon that system some special plan for taking care of the chronic insane? I do not propose, Mr. President, to discuss the present system, but shall direct my remarks to the propositions of the Committee and of Dr. Cook, which are, as I conceive, essentially the same. And here let me say, the plan advanced proposes two modes of disposing of the chronic insane, one by placing them in separate institutions, and the other, touched upon by Dr. Ranney in his remarks, a separation of the two classes of insane in the same institution, but which separation shall not be absolute. This plan, Dr. Cook says, is the best; in other words, that there should be some wards or connected building in which certain individuals, whose disease is chronic, and others, as suggested by Dr. Ranney, whose insanity is of such a character as to produce unpleasant influences upon other patients, should be placed. Mr. President, neither of these propositions is new. Institutions for incurables, or as these gentlemen would say, for the chronic insane, in either of the forms proposed, are long exploded experiments, and nowhere have they been tested as faithfully as in Germany, and under the most able medical men. Hayner gave great attention to perfecting institutions specially designed for incurables, and Dr. Damerow, of Halle, while opposed to separate asylums for their care, instituted a system of relative union,

or as Dr. Ranney says, separation in the same establishment, but not absolute, which was carried out in many of the best hospitals of that country. This was many years ago, and yet the system has not been extended. We have the history of those experiments, and why has the system not been adopted in England or this country? Because it was a failure, and accomplished no results not better attained in the ordinary asylums. But we are told that the system has been adopted in England, Scotland and France. No, sir; most distinguished gentlemen of these countries, after having visited those institutions, utterly condemn them, and with them the kindred institutions called "Agricultural Lunatic Colonies." We have on this whole subject the opinion of medical men of sound judgment, of long experience, and of the highest character as medical superintendents. Dr. Bucknill did not propose any of these plans when some years ago the question of further provision for the insane became so prominent in England, and yet he was familiar with their workings. He then suggested the extension of asylums by the erection of cottages, and this plan was at once adopted in the institution under his charge.

Dr. Bucknill, after considerable experience, has found that this mode of extension can only be carried to a limited extent, and Dr. Robertson distinctly says the same thing, after its trial by many eminent medical men. They, therefore, propose the enlargement of the existing asylums, and the erection of others. Now, if these gentlemen all arrive at the same opinion, should it not be conclusive with us that we cannot profitably enter upon the same kind of experiment? We have the right to infer this, as they have by experience and observa-

tion, something more than theories and vague ideas on which to base their views. But need we go to Europe to test the cottage system? There is one gentleman, Dr. Kirkbride, who has tried the same experiment in this country, and he has not recently extended the system, for the reason that he has not found the plan further beneficial. He has, instead, as we all know, duplicated the hospital. Dr. Tyler, of the McLean Asylum, in enlarging, did not erect a cheap building for those of his patients whose disease is chronic and advanced dementia. He added a wing under the ordinary organization. Dr. Buttolph, of the Hospital for the State of New Jersey, has been obliged to examine into this question, as that institution was no longer able to meet the demands of the insane there, and did he propose relief by the establishment of a special asylum for the chronic insane, or by buildings other than hospitals, for those advanced in dementia? Did he say, "after all, these persons can no longer appreciate the blessings conferred upon them; they have sunk into dementia and imbecility, and now, when their voices can no longer go up, in pleading to God or man, let us place them where they can be taken care of at less expense, and be made to work for a living?" No, sir. He said to the Legislature, "the counties have no adequate provision for these people, in their alms-house system, and I propose to enlarge this institution, and then receive all in the State." Did the people or Legislature reply, "we are poor, Doctor; cannot you devise some cheap method?" On the contrary, they responded, by an appropriation of \$100,000, and said, "enlarge your buildings, and take all in." New Jersey assumed the highest position a State could assume — a position that every State, in its organic law,

pledges its citizens to assume that, whenever a citizen, by reason of misfortune beyond his control, is unable to protect himself, the State will protect him and care for him. Are the other States poorer, less generous, less willing than New Jersey? The State of Kentucky has increased her institutions, and adopted a system of extension, instead of lower class hospitals. When the State of Pennsylvania, a few years ago, found its State asylums full, did the member of this committee from that State ask for a change of system, such as is now proposed?—ask for the separation of the helpless chronic insane, and for cheaper accommodations for them? No, sir. Pennsylvania enlarged her capacity of provision by the erection of another institution of the ordinary character.

Mr. President: Have the people or the Legislature of any State arraigned the officers of their institutions for doing too much for any class of the insane under their care? Has any demand been made for hospitals of a low grade, and especially for buildings other than hospitals? Sir, we have had enough of alms-houses for the insane, and of buildings other than hospitals, in which to care for these helpless, wretched people. That is what we are suffering from now. No people or Legislature, understanding fully and clearly the condition and wants of these people, will turn a deaf ear to them and say, "I have been giving you bread, but you no longer appreciate it; I will now feed you upon husks." If this whole subject was brought to the attention of the people and Legislature, earnestly, by men in earnest, all the insane would be provided for. The fault is with us, in you and in me. We have been content to let these things take their course. We have satisfied ourselves with official

action by noticing the subject in our reports; but have we given our personal efforts as we should have done? I, for one, have not. But we are told, Mr. President, that New York is an exception; that this great State has refused to do more than establish a second class hospital for incurables. Sir, the Legislature of New York has never refused a request properly presented. It did not originate the scheme of incurable hospitals, and it would be a libel upon the people and the Legislature to assert that they have deliberately refused to provide for the insane, except in this manner. As to the county officers having charge of the insane, I am prepared to say that they have never sanctioned the character or the abuses of the system of alms-house care; but on the contrary, have contended against the system. Why, sir, the very proposition of the committee has been tried in New York, and that trial has been our curse. The proposition to remove those advanced in dementia, "the chronic insane," to buildings other than hospitals, was engrafted in the organic law of the State Asylum, and the plan of Dr. Cook, for hospitals for incurables, is but the aggregation of the present distributed mass of misery and wretchedness into one great receptacle. Some of the existing county receptacles have reached the dimensions of asylums, having accumulated more than a hundred chronic insane; and yet what are they? They have responsible persons in charge, and physicians who visit and prescribe for their inmates; but these physicians say that alms-houses are not proper places for the classification, care and treatment of these people, and the county superintendents of the poor say it is a disease for the treatment of which we have not the means

under our control. Sir, this is not a question as to further provision, for all demand this; but a question as to the character of that provision. Why, sir, as far back as 1855, the superintendents of the poor of the State of New York met in convention, and passed a series of resolutions, which Dr. Chipley has proposed in this body to-day, as presenting a higher standard for the members of this association than the resolutions of the committee, or the plan suggested by Dr. Cook. The chronic insane, as I have said, have for years been returned to counties from the State Asylum — cases well representing the helpless class designated by the resolution of the committee — and placed in buildings “other than hospitals,” constructed especially for these insane, and for the very reason urged by the committee, and the “friends” of the Willard bill, to relieve the State Asylum, and care for them more cheaply.

The superintendents of the poor did not propose, as a measure of relief, the aggregation of this mass of neglected humanity into one great asylum. On the contrary, they passed a resolution expressly against asylums for incurables. They had learned, from wide experience, that such a measure could not afford the proper care, and that it would be unwise and unjust to demand that all the chronic insane from the east and the west of their broad State should be transported to one great colony, where, from want of means, and time to make long journeys, their friends could never visit them. And here let me say, Dr. Ranney has well remarked that he has never met a patient so poor or so wretched that he had no person to visit him and inquire as to his welfare. Such, I doubt not, has been the experience of every member of this body. Patients may be utterly

demented, their intellects darkened, so as not to recognize their friends, and yet, when sick, friends will visit them, and, dying, will desire their bodies that they may bury their own dead. Are we to encourage this humane feeling, or are we to disregard it? We should ask ourselves these questions, as men and as physicians.

I have said the people of New York never turned a deaf ear to appeals made in behalf of the helpless. When the superintendents of the poor memorialized the Legislature on the subject of further provision, a bill was introduced creating two more asylums. This bill was favorably reported, and was ordered to a third reading, when the premature adjournment of the Legislature arrested its further progress. The subject was not urged upon the next Legislature. But several of the counties have since made provision, by the erection of buildings, "other than hospitals," for the "chronic insane." When the matter was again urged upon the Legislature, through the State Medical Society, it was not thrust aside; an investigation was at once ordered into the condition of the insane, the report to be made to the Legislature through the Secretary of the State Medical Society. Dr. Willard, as such officer, directed the investigation, through a series of interrogatories, and when his report was made it was followed by immediate action.

I infer from the remarks of Dr. Brown, that he was informed that the Legislature were unwilling to create more hospitals, but would establish second class institutions for incurables, and that his sympathy was thus obtained for the principles of the Willard Asylum bill. Now, sir, this is not the time or occasion to enter into the discussion of the question as to what that Legislature might have been disposed to do; but it is a signifi-

cant fact, already alluded to by Dr. Brown, that the next Legislature authorized the location of a third institution, and that too without a dissenting voice in either house; and the provision that it should be a building for incurables was not attached to the bill, nor was there a word said on that subject; and at the same time an appropriation was made for the Willard Asylum. Now, Mr. President, this does not look like repudiating the care of the insane, unless we are willing to lower the standard of public hospitals? And as Dr. Cook's paper is especially on provision for the insane of New York, I may dwell a moment more on the history of recent legislation on the subject. When Dr. Willard made his proposition to create hospitals for incurables, as a mode of relief, the Governor of the State transmitted the question to the consideration of the Legislature. I saw Dr. Willard afterwards, and told him I was surprised at his recommendation in view of the evidence of the failure of such a scheme in Europe, and from the experience we possessed of the injury which such a system would inflict upon the insane and the community if adopted by the State; that it was a retrograde step, unnecessary, and condemned by the profession; that it would be only the continuance of the alms-house system disguised under another name, and I directed his attention to instances of failure in counties which, in good faith and at great expense, had established such asylums. The Doctor said he had reflected very little on the subject, and had received his ideas from others. When, subsequently, he presented the report before the State Medical Society, I took occasion to express my views, and distinctly and wholly dissented from the proposition to relieve the existing condition of things, by the creation of such estab-

lishments. At the close of the session, Dr. Willard asked me to draw up such a bill as I thought would meet the wants of our State, in respect to the insane. This I did, simply providing for two more institutions, one east, and the other west of Utica, and Dr. Willard presented it to a member of the committee of the Legislature having charge of the matter. This bill was not rejected; it was introduced by unanimous consent, referred to a committee, and reported back favorably by that committee. Subsequently, and without discussion of its merits, and not by the committee, that bill was transformed into what we now have as the Willard Asylum Act. This year, however, the Legislature passed a bill for the location of another asylum, which, we believe, will be on the plan of existing asylums. These facts demonstrate that, had the subject been fully and fairly presented to the former Legislature, the bill for two additional institutions, would have become a law.

This is all of the history it is here necessary to give; and I say thus much to vindicate the assertion that the people and the Legislature of New York are sound on this subject, and only wish to know what is best to be done in order to do it. And as a beginning has been made, and there can be no question as to the need of these institutions, I believe New York will construct two additional asylums of a character to comport with her dignity and wealth and the highest interests of her suffering children. I need hardly say, Mr. President, that I am opposed to the establishment of separate institutions for the care of the chronic insane. If the whole subject of the care of the chronic insane, as presented by the resolutions of the Committee and the paper of Dr. Cook, is open for discussion, I desire to say something on the

financial considerations involved, and on the question of labor.

THE PRESIDENT — The whole subject is open.

DR. GRAY — The demand for a change or modification of policy has not been urged, on the ground that the institutions in existence were unnecessary, and should be done away with, but that those institutions, while necessary for the treatment of curable cases, might be dispensed with for the care and treatment of the disease in the chronic stage. This is distinctly announced in the resolution of the committee, and is the basis of the arguments brought forward by the advocates of the separation of the curable and incurable, and the erection of cheap, second class asylums. The only reason urged, and as far as I know that can be urged, for the establishment of such institutions is, that they will provide for these people at less expense. It cannot be said that the intention is to take *better* care of them — no one has proposed hospitals for the chronic insane for that reason — it is to take care of them more cheaply, and it is fair to ask their advocates *how* they are going to cheapen their care. Let us have the items. So far, we have only been told that they can be cared for at less cost. You must have, I suppose, an inferior physician. He need not know much in order to take care of an insane man in his chronic state. Let us know the proportion of attendants to patients, and whether, as a man becomes more helpless, he will require fewer attendants and less care. Let us know what is to be the quantity and quality of food, and whether we are going to have a repetition of what was deliberately paraded a few years ago, by a commission in Canada, where the discovery was made that men could be supported on a diet cheaper

than bread and water — at about six cents a day — and yet work be got out of them. Let us know whether it is proposed to deal out medicines of inferior quality when they are sick; whether in any or all these items of care, you are going to substitute something cheaper than at present. We are not informed, moreover, of the character of the cheap buildings the Committee propose for the care of the “advanced in dementia,” and the same remark will apply to the proposition of Dr. Cook. Economy, cheapness, are the catch-words, and with these we are to initiate reform!

Mr. President: These are not novel words to the profession. We think we have been economizing, and we want something more definite than these vague generalities. The intimation these gentlemen would seem to convey is, that the insane are not now as cheaply housed and taken care of, in our public institutions, as they should be or might be; that too much is expended on them in medication, attendance and food. What, then, if not these, let me ask, are the items you would cut off or cut down? Is it in amusements you would cheapen their care? Perhaps it is in music — their ears are dull of hearing; perhaps it is in the ministration of religion you would economize — they have no longer kind and thankful hearts, and do they need a preacher? Perhaps you will allow them no longer the visits of their friends, as they may not recognize them, and a little might be saved in attention! Is it in these you would cheapen? Perhaps it is proposed to cheapen in air? crowding into little space without ventilation — or will you cheapen in warmth and clothing, or give them less cleanliness, that they may die off the sooner? Are you going to give them less sunshine? Oh, no! they may

have an abundance of that, for you propose to turn them into the fields and make them earn their bread. It is said they are to work for their own advantage, and this labor will be *the element peculiar to the system*. Let us examine this point a moment. Is not labor an element of treatment in institutions now? Is it something new to introduce labor? Is it not obtained already in our institutions, to the last extent consistent with the welfare of the patient? One gentleman says he has not land enough; let him get land. Have these institutions, in existence for so many years, failed in obtaining from the persons committed to their care all the labor consistent with their health, or have they neglected their duty, and allowed these men and women to sit in idleness and listlessness when they might have been contributing to their own support? Have the managers of these institutions been unfaithful in their duties in this respect? We have made the experiment in Utica, during the past five years, of recording the labor of every man from day to day. We know what it is, and it is no more since we have gone into this detailed record than it was before, for we have had to hire the same number of men to carry on work. We have simply sought to obtain work from each, so far as it should be for the benefit of his health and strength, looking only to his own good. Dr. Ray, who would be considered very good authority on a question he had investigated, has, without consultation with others, been making this question of labor a special study. And what does he say in his last report? Does he sanction the idea that this great element of labor has been practically lost sight of, and may now be made use of essentially to cheapen the cost of the care of these people? No, sir; his report is a complete and perfect

refutation of the whole idea that you can extract from these helpless, sick people, the sweat and blood that will contribute more largely to their support. Many of them have barely the circulation to enable them to sustain a miserable, physical life, and others, with all the food of the best quality you can give them, have scarcely sufficient vitality infused into them to sit up during the hours of the day, and walk about the wards and yards for exercise; and yet these are the people who, we are told by these benevolent gentlemen, are to be provided for in these separate institutions cheaply, and who will support themselves largely by their own labor! Dr. Ray has gone into the questions of labor and of the proposed asylums for the chronic insane, and his report covers the whole subject, treating it upon the highest grounds which a dignified, medical man, who understands his relations to his profession and his duty to man and to God, could take. His report is a complete and full document on the subject, one that any professional man might well rest upon. It is the report of a man of great professional experience and ability — of one whose integrity could not be swerved by any consideration of simple expediency; and to the same point and in the same direction are the reports of Dr. Kirkbride and other members of this Association. These gentlemen have not been silent lookers-on while the attempt has been made to undermine the very fabric which they have been building for years, and in the construction of which their heads have become whitened, and honors have been conferred upon them. Should they stand still, and have they stood still, while these things have been attempted? No, sir; they have answered the questions that have been raised, and they have the right to answer.

But we are told that the people will not provide for the insane, will not pay taxes to take care of them, unless we are willing to lower the standard of the hospitals. This I cannot believe. I have already remarked upon this point, in reply to Dr. Cook's remarks, touching New York, but I will take the liberty of recurring again to this assumption, which, though honestly made, I think is not true. I have spoken of New Jersey and Kentucky. Vermont takes care of all her insane. But let me call your attention to further practical illustrations of the benevolent disposition of communities when instructed in regard to these things. Take the case of the President of the Association whose experience has been far beyond that of most if not all of us. When the Pennsylvania Hospital reached its full capacity, and patients had to be turned away, unless more room was provided, did he say, "you have done well in erecting this building, but it cannot receive more, and you are not able to care in the best manner for all; put up a cheap building for those 'advanced in dementia,' the 'chronic insane,' and that will relieve us?" He simply said, "The institution is full, and we need another," and gave himself to the work of showing this fact. And the reply of the people was such as it always is, and always will be, when they are christianized and properly informed as to that which is best. They did not wait and consider what less than their duty they might do, but instantly poured into the coffers of the institution a fund more munificent than had before been dreamed of in the annals of such charities, and ample provision was made for all. It is such a man that communities delight to honor. Such men are the true standard bearers of the profession. Such men are the *Ben Adhems* of the race. And if it

were permitted us to look into that book of gold wherein are recorded by the angels the names of those who have most fully discharged their duty to God and man, we should find their names inscribed as "leading all the rest." It is such men who reflect the example of him who gave to the world the parable of the good Samaritan, as the example of Divine charity, that we are to follow, and to such the response hereafter is to be given, "inasmuch as ye have done it unto one of the least of these, ye have done it unto me." Has the public charged him with inducing them to do too much? No, sir; he has been crowned with benedictions. There is another person in this room who has gone through many States where no voice had been raised in behalf of these people, and has spoken a word when it was needed in the ears of men — not a man of experience, but a woman; and what has been the answer? We all know it has been the same in every place and at all times. She has but needed to go to the legislators and present the cause. She has but needed to tell them what she has seen: "Your father, your brother, your friend, he is suffering, his mind darkened, no one to care for him; if not your relative, your neighbors' — a woman, a man, sick and suffering. In every community the result has been the same. The gentleman from Iowa holds his position to-day, because this woman went into that State. There are others also, and there are thousands of helpless, wretched ones, and wretched only because they are helpless, to whom she has been a benefactress. What does she say? She has not asked whether these are poor or rich, and yet she has always sought and obtained the best for them. She has seen the great alms-houses, and does she commend them? But we are told it is ex-

pedient to abandon the idea of hospitals, and adopt these middle class receptacles. Sir, it is never expedient to do wrong, and this would be wrong. I tell you this is not a question of expediency, but one of principle. We are asked to lead the people to a lower level of duty, under the disguise of doing them good. We are to persuade them that the name Asylum is all that is necessary; that they can be just as well taken care of in those chronic establishments, at much less cost, if they will but think so. If assertions were arguments, we might consider the question settled. Why not give us the secret of cheapening in the existing hospitals? If we have not done our duty, let us know it; if these gentlemen have a plan by which we can do more and better than under the present system, which has been adopted and carried forward so successfully for years, let us have it. Let us not have it, however, in vague assertions and indefinite propositions, but in distinct, clear figures. If the point is, that money is to be made or lost, if it is to be a question simply of finance, we want it in that form. Sir, we are not to be diverted from the duty and labor of pushing the public asylum system forward by these specious cries of cheap *this* and cheap *that*. Colonies for the insane are not new. How long has Gheel been in existence? More than a thousand years, and where is its repetition? If it is so good a thing, so wholesome a thing, why has it not been repeated? Esquirol visited and examined it as far back as 1821, and why did he not adopt it? The institution of Fitz-James is a private institution, a farm colony, where the insane are classified into rich and workers, and why not recommend this? Why is not this institution, its management and reputation brought forward as an argument for the

adoption of the farm system? This subject of general provision has been discussed abroad under three heads—social advantages, economical results, and curative results. Let us have the testimony distinctly, that shall apply under each of these heads, and then we shall be prepared to ascertain the actual advantages to be derived. We say, and say with truth, that the institutions of the country have vindicated their character by success, and I should like to see the man rise upon this floor and deny this proposition. If there is such a man, then I would ask him where are the faults that you propose to remedy? Let them be pointed out in their practical bearings. Let us have something more than “I suppose this,” and “I think that.” The social, economical, and curative results are the results we have aimed at. If you have anything new, we desire you to exhibit it. If the ideas and practice of the great body of medical superintendents of America, France and England have been based on fallacious principles, we trust we are not so prejudiced as to refuse to see the truth, if these gentlemen will but give us the data. One distinguished gentleman in England, Dr. Robertson, has considered very maturely the advantages of the asylum system as contrasted with colonies. He is a man of large experience, and after making the most careful investigation of the subject, his opinion is to be considered of some value. He has the care of a large asylum, is a man of learning and ability, a man charged with great public duties—no mere theorist. He says, in respect to economical results, that an institution founded upon any other than the asylum system, would be found utterly fallacious. In Devon and in Cheshire they undertook to take care of these people, as a matter of economy, in cottages, and they found it cost more than

to support them in the asylum. Dr. Robertson says that out of 250 women he could hardly find six who wanted to be isolated, who wanted to be put off somewhere else. Is it not marvellous that, after this experience, these gentlemen should want to repeat it here? If more asylums are required, let us build more. I will read you some extracts from Dr. Robertson's conclusions: "If past success, unparalleled and unhopèd-for, almost, were to be the test of the means most suitable to provide for the future increase of pauper lunatics, the present public asylum system would stand without a rival. The twenty years which have passed since 1844, have seen a progressive advancement in the treatment of the insane of all classes—taking its rise under the fostering care of the commissioners—in the public asylums of England, of which the annals of medicine offer no similar record. It does, therefore, appear unwise, rashly to abandon the hope of providing, through means of the public asylum system, for the care and treatment of the increasing number of pauper lunatics, when already so much has been secured, and when, comparatively speaking, so little remains to be done. Union houses (cheap places for the chronic insane) have always been found unfit places for the treatment of insanity; the private dwelling is, from the nature of the disease—as Dr. Mitchell on his hobby hardly sufficiently realizes—of only very limited application, and agricultural lunatic colonies are but the day-dream of benevolent enthusiasts unversed in the real life of the insane. In contrast stand the public asylums of England, rich with the practical fruits of twenty years' experience, trusted by the poor at home, and known throughout the civilized world for their success in turn-

ing the house of cruelty and bondage into a quiet home of peace and rest."

He then advocates the extension of the public asylum system, especially by enlarging the existing institutions, by additions "as far as its original structure will admit," and when this plan will not avail in extending the establishment to its requisite, ultimate capacity, he would add detached blocks or supplemental asylums, as recommended by Dr. Bucknill, and also a limited number of cottages to be occupied by the persons employed who shall receive in them a few patients. In summing up, under the three heads—1st, social advantages, 2nd, economical results, 3rd, curative results—Dr. Robertson remarks on the first, "the advantages all lie on the side of the public asylum system."

Of economical results he maintains that in England these would be found also on the side of the public asylums. Of the comparative expense, he says: "The cost also was rather above that of the asylum." On the question of labor in this connection, he says: "I reply that no one familiar with the real life of the insane would venture to promulgate so unlikely an idea as that there is any possibility of the product of their labor sufficing to pay the cost of the maintenance and treatment of the insane poor. I submit this opinion with confidence to the judgment of all men of experience."

On the curative results he says: "These results, I hold, are best attained in a public asylum for the insane." He maintains that it is in the extension of the public asylum system that the real advance is to be sought and attained. On the score of economy, I should like to ask whether we are to expect that we can have anything cheaper anywhere than four brick walls and a bed? Yet

I believe that in all asylums generally furnish. If the sleeping rooms are now too large, those gentlemen advocating change should say so. If these helpless people in our institutions have too much general space to move in, they should signify the true amount. If the food furnished is too good or too generously given, it is easy to correct the error.

The experiment of cheaper diet has been tried in Massachusetts, at Worcester. It was found that patients were more troublesome and difficult to get along with. Why? Because they were starving. Because they were deprived of that nutrition necessary to keep their souls and bodies together in their proper relations. The experiment was abandoned, and the patients soon came back again to their former condition. If that is not a sufficient lesson upon this subject, where are we to seek it?

These gentlemen confine their efforts to the care of the poor and indigent in contradistinction to the system in existence which provides for all the insane. They would send to these second class chronic asylums, as proposed in the Willard bill, only paupers.

What provisions would here be made for those private patients who have become chronic in private asylums, and have exhausted their means in these, it may be said, "in riotous living," for they might have been taken care of longer and just as well in a public asylum? Being chronic, they have no chance of admission to the higher class hospital, and being now paupers they must descend to the lower class receptacle. We have such cases at Utica. We have received them on public orders after they have been turned away "chronic" from private establishments. These people may feel, but what of

that; "only paupers, whom nobody owns." There are those whose habits of life would not make them uncomfortable, if you were to give them much meaner fare and poorer beds to sleep on. They have been accustomed to very poor living in all respects. But this class does not form a large element in our State asylums, and some of these have become insane through poverty of living. But side by side with these poor, there is another class, who have fallen from a higher estate, and who feel the least depreciation in diet or comfort in any respect. Will you make any distinction in the care of these poor, and if so, how will you draw the line? Will you make the distinction at the commencement of the disease, or only after it becomes chronic? Many of these people, when they shall have passed into the chronic stage, will understand and realize the distinction you propose to make, and yet will you make a difference in the treatment of the various classes? Of course, not. There is no difference. They are all poor and sick, and in this they are on the same level. If they had no friends you might do so, and no questions would be asked, but they are the same people as though they had a thousand friends, and their treatment must be the same as it is now. Mr. President: I think we need rather to elevate our institutions than lower their character. Our friend from Connecticut, Dr. Butler, must not ask the generous public for additional libraries, amusement halls, etc., for one class of his patients, who are able to pay, and in the same breath recommend to the other class, who have nothing to pay, and for whom the commonwealth has wholly to provide, second class accommodations and no amusements. Has he lost all faith in the people? I understand he is quoted as in favor of this scheme.

Can Dr. Butler go through his institution and point his finger at this and that patient whom he would elect to be sent away to this cheaper institution? No, sir; no man can do that; he would desire somebody else to do it. The Committee propose a commission, composed of men who have no knowledge of these patients, to designate these unfortunates. I have looked over the Asylum at Utica again and again, and asked which shall I send away? There is a poor woman who has three or four children, whose husband makes a pilgrimage from year to year to visit her. She may not feel as much as some others; shall I send her? No; she is a mother. Send that young girl; she is demented. Alas! what has she done to merit this distinction? There is a man, paralyzed; send him? No; he requires too much medical care and nursing. And so I go through the list, and the result is, I am unable to select any one. And I apprehend this would be the experience of Dr. Butler or any other member of the Association who should look through the wards of his hospital with the view of determining which of his patients he should assign to inferior quarters. I do send persons to poor-houses, but I am opposed to it, and only do so because the law so commands me, when it is necessary to make vacancies for recent cases, and I have permitted one hundred to be crowded upon us rather than send the helpless away.

I have seen men flourishing and in power, robust in health, imperious in their manners, and I have seen the same men again in the asylum, under the order of a superintendent of the poor, helpless and wretched. It is not for you or for me to say we may not be so ourselves. Sir, I would demand for these persons, even though they have no friends to care for them, the same

comforts I should desire to be provided for myself if I were in their condition, and when I cease to maintain this position, I shall no longer desire to be a member of the medical profession. When we fall below this, we sink beneath the sacred pledge we have taken in entering upon our profession, to say nothing of the christian rule to do unto others as we would that they should do unto us. These are the great principles upon which these institutions were founded, and by the maintenance of which alone they may be assured of success. Men who adopt a lower standard must school themselves to do injustice to others, and that injustice will certainly recoil upon themselves. Now, if we are to adopt the rule of expediency hereafter and lay aside the great principles by which we have hitherto been governed, let us not act under the guise of love to the poor in so doing. Let us say to them frankly that we are too poor to do better. While, however, the means are afforded us by a generous and willing public, let us act up to the measure of our duty, and not endeavor to deceive ourselves and the helpless, whose interests we represent, by declaring beforehand that the burden of charity is too great to bear. Let us whisper no such false plea into the ears of those who know better and who would soon tell us so. Let us do now what is right, and let the future take care of itself. Our business is with to-day. Let us take no step backwards, and above all, let us not turn our backs upon what we have heretofore advocated in order to adopt a lower standard of professional duty, but seek rather to go still higher, at least until the people, to whom we are responsible, shall say to us, "You are doing too much." Let us pursue the course we have already trod, striving rather to do where we have left undone;

to be more efficient where we have hitherto failed, and endeavor to enlighten the communities in which we live as to the nature and wants of the great work that has been placed in our charge. For myself, I cannot adopt any other course. The doctrine typified by the parable of the Good Samaritan is the doctrine of the fathers, and are we the degenerate sons to degrade it to a mere doctrine of expediency? The Good Samaritan is the seal of one of the oldest medical hospitals of our country. "Take care of him, and what thou spendest more I will repay thee on the morrow." Shall we discriminate in charity, and add to the weight of the burden of disease the ignominy of separation on such grounds as some gentlemen propose.

I propose to say a word in reference to a remark I made relative to Dr. Butler. I do not know that Dr. Butler adopts the chronic scheme at all. If he does, I can only say, "How are the mighty fallen." I have no direct evidence of his holding such a position, and I therefore withdraw what I have said touching him.

I have detained this Association longer than I ought to have done, but this is a subject in which I have been interested for years, and I have seen enough suffering, enough tears, and have heard enough pleading, and have looked into the faces of afflicted men and sorrowing broken-hearted women long enough to feel that they are not all dead when they seem to be. I have known men and women, after years of apparent hopelessness, get well; persons whom, I am ashamed to say, I have said would not get well. I am more careful now how I pronounce a case to be incurable. When such men and women have emerged from the darkness that had so long overshadowed them, they have told us what we have

said and done, and that they have felt the good and ill. I recall now a boy who, for months did not speak a word, but sat with his head down, his eyes dull, and we called him demented. He became thin and wasted, but still he spoke not. His mother came to see him, and wept bitterly. I listened to her, and told her as gently as I could that I did not think he would get well. She went away and came again with a breaking heart, but she was unable to take him home. She had not the means to nurse him, though he seemed to be gradually sinking into the grave. What would you do with that boy? Would you send him off to a distant place, where his mother could no longer visit him, with the stamp of incurability written upon him, and brand him as a pauper? That boy suddenly emerged from darkness of mind. He had heard every word that had been said in his presence. Dr. Brown remarked the other day that we could not tell the operations of the mind. It was well said; we cannot tell. No man could pierce into that mind and say of what that boy was thinking. Among other things, after he recovered he said, "When you came in with Judge —— you pointed me out to him, put your hand on my head, and said so and so." I had pointed him out as a marked case of dementia. He did not seem, at that time, to know enough to go to his meals, and was led to the table. He said, when I asked him on this matter, he thought he had no right to eat; that the food was not his; that he was waiting to go home. Think of it, waiting silently and patiently to go home for all those months! We did not seem to do much for him. We gave him a little room, 8x10, to sleep in, had him washed and dressed and taken to his meals, and took general care of him, and he got well. There is not a

Superintendent here who could not recite cases of the recovery of patients pronounced by himself incurable.

The President of the Association has truthfully said, in a recent annual report, in respect to persons pronounced incurably insane, that "only Omniscience can tell." And when God gives us something more than the fallible judgment of men, it will be time enough for us to pronounce a person incurable. I, for one, have ceased to pronounce any such judgment, as disease is only complete at death. The past that was wrong, I cannot make right, but with more experience I can do better in the future.

DR. NICHOLS — After the forcible remarks of Dr. Gray, it does not seem to me that anything more need be said with the design of affecting our sensibilities touching the question or questions now before us. At any rate, I shall concede in the views I propose to submit that we are all disposed to do all that we consider practicable for the benefit of the insane. Not to take up the time of the Association, I have simply sketched certain propositions, which it seems to me are applicable to the subject under consideration; and I propose to submit them in lieu of any further remarks other than to say that the familiarity of most if not all the members of the Association, with all questions touching the wants and claims of the insane, the character of the provisions that should be made for them, the question of their support, the disadvantages of their removal in an unnecessary distance from their homes when they are taken insane, or in any subsequent stage of the disorder, is such that the reasons which have led me to the conclusion I propose to submit, although they may not have the same force in the minds of other members they have

had in mine, will probably occur to each member. Therefore, I do not propose to elaborate my views, but simply to submit, as I now do, in brief form, the following propositions,* which I will now read to the Association, and offer for consideration at a later hour in the session.

DR. EARLE—This is not a subject that I have studied very much of late years, and I shall be to some extent forced to fall back, as politicians often do, upon my formerly expressed opinions. I think, in my notices of the Reports of Hospitals for the Insane in this country, for the last twenty years, I have met the question more than once. I know that at least fourteen years ago I expressed my opinion very clearly and distinctly in print, and that opinion may be found in the *JOURNAL OF INSANITY*.

When I was last in Europe, and went through the German countries, I was very much surprised, and I may say astonished, to learn the extent to which the subject of insanity had claimed the attention of the physicians of that country. We are at least, I was going to say fifty years, at any rate, far behind the Germans upon this subject, as we are upon many questions connected with the general subject of insanity. This subject of the treatment of the chronic insane was very fully discussed in the countries in Europe, in which the people speak the German language, from twenty to twenty-five years ago, and they came apparently, certainly practically, to a pretty definite conclusion. It seems to be the general opinion in all the Germanic coun-

* These propositions will be found near the close of the Report of the Proceedings.—Eps.

tries that the chronic insane should be separated from the acute; but then came up the second question, where will you place your different institutions; will you have them near together, or will you have them as separate institutions at different points? This subject of the location of hospitals for the curable and incurable runs through an amount of published matter in Germany very great in extent. Some of the most eminent German writers have taken one side, and some the other. I am sorry to say that one of the ablest superintendents of hospitals in one of the Germanic countries has always advocated the entire separation of the two kinds of hospitals. A large majority, however, of the writers upon the subject have advocated what they call a relatively connected system, where the two institutions, one for curables and the other for incurables, shall be near each other and under the same plan of management as Dr. Kirkbride's institutions for the two sexes. Practically, indeed, they have come back essentially to just what we now have. At the time I was there, in 1849, the large establishment at Halle, Prussia, and a large one which had not then gone into operation, on the Rhine, near the city of Johannesburg, and another at Vienna, were all on the relatively connected plan. All these institutions realize, almost precisely, one actual practical plan. For instance, at Halle the institution is built like that at Utica, round a square. In the centre of that square is the kitchen. In the centre of the court are two sheds, cutting the interior square into four equal parts, these sheds running parallel with the building, and the food is carried through them to all parts of the house. Two of the wings are devoted to the curable and two to the in-

curable. Now, in my hospital, our separation is almost as distinct as that.

I mention this as the result of a very thorough and protracted discussion of this question among that wonderful people, from whom we derive the Saxon element of our blood and of our character.

DR. WALKER—How many curable cases have you in your institution?

DR. EARLE—I do not know; very few, however.

DR. WALKER—Have you twenty?

DR. EARLE—I should think we have twenty curable cases out of three hundred and fifty. Let me say just here, that in the account I gave of the hospitals in Germany, I made a remark in which I proved myself a true prophet, as I hope I shall in what I said a day or two ago on moral insanity, that the time would come when this subject would attain a prominence in this country that would require the question to be definitely settled. I therefore gave a brief account of what had been done in the Germanic countries, and then remarked, in substance, that after all I had heard and read on the subject, and after all I could conceive could be said or written, my opinion would remain as it then was, and now is, that the best way, the true way, the most humane way to treat the insane is to district your State, put your hospitals each as nearly in the centre of its district as possible, and receive all the insane of each district into its hospital. I repeat that I am fully convinced that is the most humane way and the true way of treatment, and I believe it will be found as cheap a way as can be devised. If we had a hundred insane people in Massachusetts demanding to be taken care of, I do not believe

they could be properly any where else, or in any new establishment any cheaper than I could take care of them in Northampton. Now, there is one objection to the last resolution reported by the Committee. "Demented persons, in whose cases the disease is chronic and advanced, may with propriety," etc. Now, with my interpretation of that language, I seriously object to it. If I could be the one to select the persons, that would be a consideration, but even then I do not see how we are going to take care of them any cheaper, and that is the only ground on which separate institutions are proposed. The State of Massachusetts is now preparing a place for one hundred patients at the State Alms House at Tewksbury. Can they provide for or treat these one hundred demented patients any cheaper than we could at one of the hospitals already established, by making a little addition? I do not believe they can, if they are properly provided for and properly treated. With my interpretation of this resolution, I should seriously object to it, and I do not think it wise for the Association to adopt it. Mark the latitude which could be given to it by other people—"When the disease is chronic and advanced." There is no definiteness in that. After one year the "disease is chronic and advanced." Under that resolution, with the latitude always taken in such things, 300 patients could be taken from our hospital.

DR. WALKER—Are there 300 cases in your hospital a physician would pronounce in an advanced stage of dementia?

DR. EARLE—Do you not know, Dr. Walker, that you might call one person demented, and I not? Do we not know that a patient might be brought into this room, at this moment, and if each member of the Association was

asked to classify his disease, some would place him under the head of dementia, and others under the head of chronic mania?

DR. WALKER—I should differ with you there. Some might place him under the head of melancholia and others dementia, but between mania and dementia I doubt if there would be a difference of opinion.

DR. EARLE—Very well. Let me say that from all the observations I have made upon this subject, I think there is a very great difference in the minds of superintendents of our various institutions in regard to classification. Examine the reports, and see how many more one superintendent places under the head of mania than another in proportion to the aggregate number, and so of the other classes. I believe there is nothing like uniformity in that respect. On the stand in courts, I have several times, as a witness, differed with other medical witnesses on the classification of the disease. And I seriously think that, allowing for the stretch that all such acts receive, that 300 patients could be taken out of my hospital, and 150 out of either of the other hospitals in Massachusetts.

DR. WALKER—It ought, perhaps, to be stated that most of your patients have already been through some of the other hospitals.

DR. EARLE—Not most of them. I do not know the proportion. I should think perhaps half.

THE PRESIDENT—Do you constantly receive recent cases?

DR. EARLE—We have done so, and hope to continue to receive them.

THE PRESIDENT—My object in asking this question was to illustrate the fact that incurable cases require the ad-

vantages of a first class hospital. Here is a hospital in which a very large majority of the cases are incurable.

DR. EARLE—Certainly. Everybody who knows anything about the hospital at Northampton knows that a very large proportion of the patients are incurable cases.

DR. CHIPLEY—I wish to ask Dr. Earle whether, if his twenty or twenty-five curable patients were removed, it would be possible to reduce the number of attendants and reduce the cost of food and clothing, consistently with proper care of the patients?

DR. EARLE—Not one iota. It would not cheapen their food or clothing at all.

Now, in regard to institutions for the chronic insane : I visited several of these in Germany, and I could describe their condition. I remember one particularly, at Dusseldorf, that was reasonably neat ; but everywhere, almost, there was just what you might expect—neglect and filth.

Now, there are so many to speak on this subject, that I do not intend to dwell upon any particular point, but to state conclusions rather than arguments. I was going to say that one of the strongest arguments I have heard mentioned by any one, for keeping the chronic insane with the curable insane, is that their labor cannot be turned to so good purpose anywhere else. In the State of Massachusetts, Dr. Wheelwright, Superintendent of State Charities, who has the power to go to our asylums and remove any patient he pleases, and who will be the man to make the selections for this new institution, at Tewksbury, may take a very large number of those able to labor. But if he takes away my patients, who are useful as laborers, I shall have to hire other people. It seems to me that is really one of the strongest arguments

in favor of continuing the present system, and that, if properly presented, it should have particular value with those who attempt to decide this question, simply upon its pecuniary relations. I ought to say, there is a strong feeling in the minds of some in office, in Massachusetts, and men of influence and power, to some extent, to have the question tried. They are disposed to believe that the proper way is to have separate institutions for the incurable.

DR. GRAY—Are they men who have had experience in the management of the affairs of the insane?

DR. EARLE—Not generally.

DR. VAN NOSTRAND—I would like to ask Dr. Earle whether, if they were to take away the 20 curables from his institution, and attempt to lower the standard of the institution, he would remain in the institution?

DR. EARLE—I would not.

DR. VAN NOSTRAND—Parties in our State have been talking upon the subject a little. I took the position, in my report, that no man who is fit to take charge of these helpless, insane people, would stay in such an institution. They might be able to get along a little cheaper, but such an institution could not be kept up on a basis creditable to the humanity of the people.

DR. EARLE—I ought to add a single sentence more, to what I said of the German institutions. The institutions for the incurable, which I visited, were all old institutions, established many years before. All the new institutions had their incurable department connected with the curable.

DR. GRAY—It has been remarked that these persons may be provided for in Massachusetts a little cheaper at this new institution. I should like to inquire whether

brick and other building materials are much cheaper in Tewksbury than they are at Northampton?

DR. RANNEY—I take it that the building at Tewksbury will cost less than an addition capable of accommodating an equal number at Northampton, Worcester, or Boston, would cost.

DR. EARLE—I do not know. I have not investigated the subject. I think the building at Tewksbury will probably cost less than one at Northampton, but it will be very different from the building we have. I have no doubt that building will cost less than one with accommodations for the same number would at either hospital; but a common barn or stable would cost less than that building.

DR. VAN NOSTRAND—And would be just as well ventilated.

DR. EARLE—I know nothing about it, and, therefore, am not competent to speak on the subject. I presume the sole object in erecting that building, however, is to support the insane cheaper. I perhaps ought to state, and I do it as a matter of explanation, merely, that some two or three years ago, Dr. Hills, in his report, recommended a plan for a hospital for incurables. Some correspondence followed, between Dr. Hills and myself, in respect to the plan being inserted in the *Journal of Medical Science*. I informed him, in the course of that correspondence, what I should do in regard to it, and I afterwards did it. I made a fair exposition of his plan. I do not recollect how much I quoted from his report, but sufficient to make it understood. I then distinctly stated it had always been my opinion that hospitals should be constructed as I have here stated. I thought they should; but that under the then condition of

things—in the midst of war—I thought the prospect was that it would be impossible for us ever to have our number of hospitals sufficiently increased to accommodate all the insane upon the present plan, and that for that reason alone I would be in favor of the next best thing, *i. e.*, having establishments for the incurables, and that I thought the plan of Dr. Hills was a good one—something to that effect. But the war has ended, and, although we have all got to be taxed, yet things do not look so dark as they did when I wrote that, and I shall, therefore, resume my old opinion, and cling to it just as long as I can. I shall not yield until I find it absolutely necessary.

DR. TYLER—I have nothing new to offer upon this question. Whenever it has been under discussion, as it has been before the Association two or three times, I have fully given my views upon the subject. I do not believe we ought ever to think of separating the curable from the incurable insane, and I do not think it would be any more safe to divide the acute from the chronic insane. There is no mode of classification that I would advise for separation. I think the test given in the resolutions that have been offered for division, is liable to less objection than any other. I think the arguments that have been adduced here, against it, are, to a great degree—though I do not say how far—fallacious. The same arguments that have been presented, on the score of humanity, against placing demented persons in separate institutions, would apply with equal force against placing them in hospital at all. Still, I think our present hospital system is the best and the only one we, as an Association, ought to recommend.

I merely wish to say, in regard to Massachusetts, referring to what Dr. Earle has said here, that something would unavoidably be done in the way of taking care of the chronic insane, outside of the regular organized hospitals of the State. This suggestion came through the Board of State Charities, or members of that board; and my argument is—though I can only speak concerning those gentlemen of that board with whom I have conversed—that they have recommended this, not as the best measure, but as a measure they feel themselves forced to adopt, because they have no faith that the State of Massachusetts will build another large hospital. It is merely with them a financial question, and I am inclined to think that the voice of this Convention, coming strongly, as I judge from the discussion so far as it has progressed, it will come strongly enunciated in favor of the hospital system, as best for the insane, will have great weight with those gentlemen, and enable them to take stronger ground than they have done, and give them more courage.

On the score of humanity, if I found the choice was to be between some establishment for the care of the insane, humanely organized and so managed in every respect as to secure a degree of comfort to the class of demented persons referred to, which institution, whatever it might be, would draw these people from their different localities in the poor-houses, where we know they are not properly taken care of—I say, if the choice was between such an institution, and allowing these people to remain where they are, it seems to me, on the score of humanity, I should very much prefer to see the idea carried out, for want of something better, simply as the best thing that could be done.

THE PRESIDENT—But you would, however, think it important that the Association should express their preference for the existing class of hospitals?

DR. TYLER—Yes, sir; I think I gave my views clearly on that question.

THE PRESIDENT—I beg leave to ask Dr. Tyler whether he does not think the adoption of this intermediate class of institutions would have a tendency to prevent the building of first class hospitals?

DR. TYLER—As a general thing, I should think it would. If I thought it would prevent the erection of regularly organized hospitals, or that this class of institutions would be substituted for hospitals which would otherwise be built if they were not, I should certainly oppose them with all my ability. I have no doubt at all that our hospitals, as at present organized, are the best for the care of all classes of insane, and that anything else would be a mere expedient. What I said referred simply to the fact that, in *even such* institutions, these people would have better care than many at present have in our poor-houses.

DR. PECK—When the matter was being discussed, last winter, in the Ohio Legislature, with respect to making provision for the insane who are now in our alms-houses, a gentleman said to me, when advocating strongly, as I was, the erection of more regular hospitals, and the enlargement of our present ones, that in New York they were about putting up one for this very class, upon a cheaper plan. I told him, my word for it, I did not believe the State of New York would ever build a hospital of that sort. He said they would; that the Legislature of New York had already acted upon the matter. I told

him I did not care if they had; my word for it, they would never build such an institution. Now, the point I wish to make is, that if New York had actually commenced a building of that kind, I do not believe our Legislature would have provided one dollar for the enlargement of our present institutions, or the building of new ones; but, inasmuch as it was not a fixed fact, I succeeded in getting an appropriation for enlarging the Northern and Southern institutions, with a fair prospect of another new hospital, at no distant day.

DR. BANCROFT—I propose to say but very few words upon this subject, although I have been deeply interested in all that has been read or said, and I am especially so, for the reason that it is a question which interests my State at the present time. Our hospital is full and overcrowded, and this question, in a different form from that it has taken in other States, is now before our people, and some action is expected at the next session of our Legislature. The form it seems about to take is this: A proposition is to be made to change our poor system from town to county, making all our town poor county poor, and to erect county establishments. The idea connected with this, although the proposition has not come up directly, is to establish, in connection with each of these county poor-houses, a department for the insane also. This has been done in one county already, and I think that it can work only evil with us, even if it should operate well on a larger scale. These will, of course, be only small establishments, perhaps sufficient to accommodate twenty-five or thirty patients, in each county, and we have no right to expect that any buildings or arrangements will be fitted up on that small scale,

which will be at all suited to the wants of this class of persons.

In regard to the general question, I hold this view: Our present system of caring for the insane has been proved. It is one which is well established, and we know that it works for the advantage of the insane. If this system should be changed for another, it will be under the sole consideration already named—of keeping them at less expense—and I, for one, should look with some degree of fear upon any plan having such an element and motive. I do not believe that, under our present system, we do too much for any class of the insane; and, as has been remarked to-night, all that we gain in the item of expense will be in the way of subtraction from what we do for the patients. If we do not do it in respect to medical care or in food, clothing, or other necessities of life, it still must be in taking something from the benefits we now bestow upon them. I should be reluctant to see the demented class of patients deprived of even the moral and religious privileges which they enjoy in our hospitals. Again: It would be exceedingly difficult ever to make any division of the insane, in filling up these new receptacles, which would not do injustice to some of them. I can readily see there might be some patients who could be well cared for in an institution which should gather round it fewer comforts or privileges than our present hospitals provide; but in making our division we should be pretty sure to exclude some in whose cases it would be a great deprivation to lose these things. I know that in our own hospital there are many of those who are incurable, many who would be considered demented and in an “advanced stage of dementia,” whom I can still see derive much satisfaction and real

good from these moral appliances, who derive much gratification and advantage from the privileges they enjoy.

As to the question of labor, I have not much faith, under whatever management, that their labor will ever become profitable, *per se*. I have great confidence in the value to the patient of labor, carried to a certain extent, and I should make the greatest exertions in organizing any hospital to provide a system of well regulated labor. I encourage the officers and attendants of my institution to employ the labor of the patients in as great a variety of ways as possible; but it is not in accordance with my observations to believe that labor is productive in any other sense than beneficial to the patient. There is much of it which it is very expensive to provide for, and the testimony of those who have made this subject a matter of careful experiment, is against its productiveness. I may be allowed to say that, within the last few months, I have had the opportunity of making some inquiries upon the subject, in the English hospitals, and wherever I had the opportunity to visit a hospital, I made that particular a point of special inquiry, and received, in nearly every instance, very definite statements from superintendents and others. I found very few who were ready to say they had ever made labor pecuniarily productive. Out of a large number of places I visited, there were not more than three in which it was confidently stated that labor had been productive; and even in some of these, qualifications were added. Dr. Hill holds that he makes labor productive in a pecuniary point of view; and yet one of the prominent members of the Commission of Lunacy told me, in private conversation, he did not think the statistics showed that, and he had

no confidence that it was really so. And that is the institution at which labor is acknowledged to be carried on to better advantage than in any other hospital in England. In every place which I visited, the superintendent advocated labor, in the strongest terms, as a curative influence. I think it is secured to a larger extent, and under a better organized system in that country, than I have supposed it to be in this.

This idea has occurred to me during the discussion to-day. I should fear that if we should admit a form of organization of institutions, based on the idea of supporting them by the labor of the insane, the desire for light taxation and the disposition upon the part of public officers who have charge of the poor, to show a good bill of economy, would induce them to seize upon that as a ground of introducing institutions in which the insane would not be properly cared for. Now, it is within my constant experience at home to have the inquiry put to me in reference to cases that have been some time in the hospital, "What is to be the result of this case? is this patient curable? Because if there is no good prospect of recovery, we should wish to keep him cheaper." That is especially the case with paupers. I see a constant tendency in that direction, a constant pressure for information, which is adverse to the recovery of the patients. As soon as you are obliged, by the delay of favorable symptoms in a case, to express a cautious opinion of the future, there is a pressure to take the patient away, and it is one of the most embarrassing things with me in regard to that class of patients to keep them long enough to give them a fair trial or to settle the question of possible recovery. It seems to me if we should give any encouragement to the idea by adopting

any modified system of hospitals, this pressure would increase, and we should not be able to keep any case long before the officers would be urging us to a decision as to whether it was curable or not. It is possible that cheaper institutions may be constructed, where this class of people may be cared for with some degree of comfort, but I should myself rather be on the safe side, and if any modification of our present system is called for, I should rather it would be accomplished by a system of classification under which these people should be provided for in buildings attached to regular hospitals, under the care of the regular superintendents. I should regard the adoption of any other system, however, as incurring a serious risk of depriving these persons of proper care and treatment. I have already learned, as others who have spoken, never to despair of the recovery of the patient. I do not believe we are authorized to pronounce any case incurable. I do not believe it is right for those in charge of a hospital to give up any case; but, on the other hand, that it is our duty to continue our care and wait with patience for the result, and I should be sorry to give my vote for any plan that should incur this very great risk.

DR. GRAY—I should like to make a single remark in relation to the statement of Dr. Bancroft in regard to county institutions. A few years ago one of the large counties in New York established a county asylum, and erected a special building for the accommodation of insane patients. Last winter they had 120 inmates, and from the report made to the Legislature, it was one of the worst conducted establishments to be found in the whole State. I give this as an instance of the manner

in which such institutions invariably degenerate in a short time.

DR. BANCROFT—I will just add to what I said in relation to a particular county in New Hampshire, where this policy of caring for their own insane has been adopted, that since that was established there has been a disposition to withdraw the insane of that county from the asylum, and at present we have hardly a patient from that county. Another fact occurs to me in connection with the same matter. I discovered in the progress of this thing that there was an itching on the part of the Superintendents having that county establishment in charge, not only to take charge of the patients for whom it was designed, but to get as many into it as they possibly could, urging the Commissioners to take them from the asylum and place them there.

It was now moved to adjourn till to-morrow at 9 A. M., but the motion was withdrawn at the request of Dr. Curwen, to enable him to offer the following :

Resolved, That a committee be appointed to take into consideration the proper treatment and care of the epileptic insane, and report at the next meeting of the Association.

DR. CURWEN—I offer this resolution because I really think these patients have less care, and require more attention than any class of patients we have.

DR. TYLER—I second the resolution, and am very glad it has been offered.

THE PRESIDENT—The Chair fully concurs with Dr. Curwen that there is no class now deserving our sympathy so fully as that of the epileptic insane.

The resolution was adopted, and the Association adjourned till to-morrow at 9 A. M.

FOURTH DAY.

Friday, April 28, 1866, the Association met at 9 A. M., and resumed the consideration of the report and paper on the care and treatment of the chronic insane.

DR. ABBOTT—I did not think of expressing any views on this subject at all. I came to the meeting with my mind settled, having formed my opinions from very much the same facts as have been presented by others, and have now no disposition to protract the discussion. I presume every gentleman has made up his mind how he will vote upon the question. There is, however, one aspect that has not, to my knowledge, been presented. It is this: In the remote districts particularly, the workings of our asylums are not so well understood as in their neighborhood, and a great prejudice exists against asylums altogether for the custody and treatment of the insane. With many the prominent idea is, that asylums are mad houses; they do not visit them or see their beneficent workings. This prejudice operates very much to the disadvantage of those who ultimately reach the asylum. It often protracts their stay at home until the disease becomes more or less chronic or past its curable stage.

Whatever fosters these prejudices operates to the great detriment of those who, through the providence of God, have been brought to the deplorable condition of insanity.

Now, the proposition to change the mode of treatment for those who are incurable, and provide a cheap plan for their care and employment, will strengthen these prejudices of the community. It cannot be denied that the plan of treating the insane in a cheap manner, and

of getting from them whatever amount of work it is possible to obtain, if once commenced as a system, will go on from bad to worse until such institutions become subjects of investigation by grand juries. I have no doubt that such would be the result, and that the public exposure of evils incident to such a system would cast a dark shadow over our existing institutions, now so beneficent in their operations and in their objects, and thus the institutions which we represent will suffer materially. I see no redeeming feature about the proposed new system, but, on the other hand, it seems to me to be fraught with incalculable mischief. I am ready, so far as I am concerned, to vote at any time upon the question.

DR. LOMAX—I have not much to say on the subject under consideration. While I am free to admit that those who advocate the proposed new system are just as anxious about the care of the insane as I am myself, yet I think the proposition brought forward in the paper which was read, will have a very bad tendency. Rensselaer county, I think, has a right to speak on that subject, because that county has provided very generously for that class of patients, and in doing so, they have not established a county alms-house, but a regular insane asylum, with corridors, wards, dining rooms, and every feature of such an institution, with a proper number of attendants, a regular organization, etc. The Marshall Infirmary receives both the acute and chronic insane. It was opened, I believe in 1859, and since that nearly 400 patients of both classes have been received; and about 100 of these have been discharged, cured, showing that the operations of the institution have been very

successful. The institution is largely indebted to the benefaction of one individual, from whom it takes its name. The county also contributed \$12,000 or \$13,000 to its original funds. It has been largely patronized by liberal people in donations, etc. And at this very time the endeavor is being made to relieve the institution of a debt of \$20,000, by subscriptions, and I think it will succeed.

I speak of this institution because I think it is an honor to the county. Instead of trying to build a cheap institution they have tried to build one upon the old recognized plan. I think I can safely say that the County officers would not favor the kind of Institutions Dr. Willard's was intended to be.

DR. CABANISS—My mind is fully made up on the subject, and I shall not vote to sustain the views expressed in the report of the Committee. I think Dr. Gray has expressed my views so much better than I could myself, that I feel indisposed to make any remarks. I should regret if in Mississippi such institutions as proposed by the paper read or by the Committee were to be established. I regard the present Institutions as the true inheritance left for incurables, and I am not inclined to take it away from them. I shall vote to let matters stand as they are, and if we are not able to take care of the insane of our State in the present hospital, I shall endeavor to have it extended or another Asylum built.

DR. CHIPLEY—I suppose it is scarcely necessary for me to say much. I expressed myself so fully in the last annual report of my Asylum, that I have very little to add upon the subject. In this connection, from a hint contained in the paper read by Dr. Cook, it may

be necessary to make some apology, understanding him as I did, very distinctly to intimate that it was rather indelicate for members of the Association to anticipate a subject upon which a committee had been appointed. If the Association take this view of the matter, so far as I am concerned, all I have to say is, that as nearly all the other Superintendents noticed the same subject in their reports, I was not singular in taking the view I did. I did not suppose the appointment of a committee precluded Superintendents from expressing their opinions in their annual reports. So far as I am concerned, I have endeavored to discharge my duty under the law of Kentucky, which requires absolutely of the Superintendent to communicate certain statistical information. I do not think it a matter of any moment, and yet I annually give these statistics because they are required by law. The law also declares that Superintendents shall annually communicate upon any subject which he may deem of importance to the insane. I conscientiously believed this subject was an exceedingly important one. We were just about to enter upon the extension of an Asylum or the adoption of some other system. This idea of a cheap institution for incurable patients, had even crossed the Ohio River and had begun to penetrate the minds of gentlemen, conscientious in their desire to benefit the insane, and who might have been induced to believe a change of system would accomplish good, and when I saw that danger, believing that it would be the worst evil that could be fastened upon the insane, I deemed it a matter of importance, and therefore complied with the law of my State, by communicating my views upon the subject. I hope the committee does not take the same view of the

subject which was expressed by the gentleman who read the paper. At any rate, at least a half a dozen of other members of the Association also deemed it a matter of sufficient importance to dwell upon at some length in their reports, and are therefore under the same condemnation.

The question for us to decide is not what any particular State shall do. It is not for us to settle a great question here as a matter of policy. Our duty is one rather of an abstract character, although looking to practical action. The question for us to determine is, what is the best means of taking care of the insane, and when we decide upon the means that are proper and which ought to be adopted, we shall have accomplished our duty. There may be exceptions. What we conceive to be the best means of taking care of the insane, may not be the most practicable in certain localities. I do not think we are determining here how the insane shall be taken care of in the State of New York; or in Kentucky; but as a body of gentlemen who have had charge of the insane, and who are supposed to have had some experience upon the subject, the question comes up what is the best plan for taking care of this unfortunate class of people? That is the question we have to determine, and when you bring it down to that plain abstract question, there seems to be no difference of opinion. The gentleman who read the paper admitted that to continue our present system would be the best course, but his whole paper was based upon the assumption that that could not be accomplished in the State of New York, and that the next best thing would be to gather the insane out of their county alms houses and put them into a State alms house. I do not know whether he is

right or wrong. I do not undertake to determine what New York can do. I do not pretend to understand what her financial policy may be. I have been impressed with the fact that there was great wealth in the State, and a large class of wealthy people who were ready to perform their duties to all classes of society, no matter what it might cost. But the question for me, as a member of this body, is, what is the best means for providing for the insane? If it is impracticable, as a matter of course, the next best means must be adopted, and finally it may come down even to the alms house.

The paper throughout was based upon the assumption that what we conceive to be the best plan, that is, combining the asylum and hospital principle together, is, in New York, impracticable, and that, therefore, they must fall back upon this other plan. I repeat that we have nothing to do with the exceptions that may exist in the different States. I was a little surprised that the author of this exceedingly interesting paper, a paper which has said all that can be said on that side of the question, should have reported Dr. Brigham as being in favor of establishments of this kind, for I do not know of any one who has expressed his opinions more decidedly in opposition to such institutions. I happen to have in my possession a single paragraph from Dr. Brigham, which is certainly entirely in opposition to the idea that he had at any time ever given support to that class of institutions.

Dr. Brigham says he never saw but one of these establishments for supposed incurables. Of the inmates he says: "They were confined in badly ventilated apartments, from which they were never released except by death. The quiet, the noisy, and the violent, were

all congregated together, and a majority were chained to their beds by their wrists and ankles. No contemplation of human misery ever affected me so much; the howlings, execrations, and clanking of chains, gave to the place the appearance of the infernal regions. Little or no medical treatment was adopted. We hope never to see such institutions in this country."

Knowing that this was the language of Dr. Brigham, I say I was surprised to hear his name mentioned as being in favor of the establishment of institutions of this kind. I do not think his opinion could have been expressed more clearly or decidedly than in that paragraph.

The whole idea of this classification of the insane by establishments rests upon a single plea—that is economy. It gives to my mind the most prominent objection that lies against institutions of that sort. If you start out with a certain principle as the basis of action, that principle will permeate everything connected with the institution you are to establish. The one grand idea in this proposed scheme is cheapness. The gentleman who may be placed at its head will, from the moment of his connection with it, understand that this institution is established for the purpose of saving money, and that his credit will rise just in proportion as he diminishes the expenses. Now, any one who will reflect for a moment must see how such an organization will work the utter destruction of those placed in its charge.

We have sometimes expressed our surprise at certain institutions maintaining their patients at ten or fifteen cents a day; but that can easily be done if you can find men heartless enough to take charge of such institutions and govern them by such a principle. You may give a man a pound and a half of corn meal, in the shape of

mush, corn bread, in some form, and it will not only maintain life, but a very considerable amount of labor may be obtained from a person so fed. That would be at a cost of only about three cents a day. But you may be a little liberal, and allow three or four ounces of meat a day in addition, and it will only bring it up to five or six cents a day; so that, in the mere matter of the reduction of expenses and of saving money, I am ready to concede that the object can be accomplished. You may build a house that will contain four or five hundred persons at very little cost. Suppose you erect a four story building, 100 feet long and 30 feet wide. You may put 100 persons on each floor. You may arrange their bunks, four and five high, along the centre, and then leave fifteen or eighteen feet on each side. You may put into a building of that sort, four or five hundred persons, and feed them as I have indicated—on the principle of saving money—and there is no doubt you can save a great deal of money. But would it be humane? Would it be proper? Would it be right to treat individuals, who are not able to take care of themselves, in that manner? If you desire to treat them with humanity, I suppose no one will claim that too much is done for the insane in our present institutions. Then there will be no humanity in separating the classes; and, with the same treatment, it is my firm belief that the cost of the maintenance of the whole number will be greater in separate institutions than when you treat them altogether. For example: In an institution accommodating 250 patients, 150 are supposed to be incurable. We have an incurable establishment to which we remove 150, leaving 100 acute cases, or cases supposed to be curable. Now, does any gentleman suppose that, having removed the

150 chronic cases, you can reduce the number of employés required for the other 100? Does not every one know, from his own experience, that absolutely fewer employés are required with the 250 patients, of chronic and acute cases, than for 100 cases simply under treatment? You will have absolutely to enlarge your payroll. Of course, you will not require as extensive supplies for the 100 as for the 250; but that does not matter, for the 150 must be supported elsewhere. The paid labor for the 100 will be greater than for the 250, because of the chronic cases included in the 150, there will be a very considerable number who will actually prove a benefit to the institution—doing a very considerable amount of work, and saving a very considerable amount of expense. Every one here knows that there are a large number of little things which are constantly being done about an institution, by the chronic insane, which would have to be paid for in an establishment from which they had been removed.

I need not recur to the matter, which has been mentioned by Dr. Gray, as to the utter impossibility of determining when cases are incurable. I recollect, when I took charge of the institution at Lexington, there was a case represented to me to have been one of mania, finally terminating in dementia; that there was no one in the institution who had known the individual to speak, and some of them had known him for a period of nearly two years. He was a quiet patient. I did not suppose he would be in any way affected by attending the social gatherings or the chapel meetings, though he was every Sunday taken to the chapel; but he came to me one morning and said very politely, "Doctor, I would be very much obliged to you for a sheet of paper; I wish

to write a letter." I could not have been more astounded. Of course, the paper was immediately furnished. I saw from the condition of his mind that there was a very considerable germ left, and a possibility of restoration. Now, there was a case, which, if I had been called upon to give an opinion, I should have pronounced incurable. He stated, in his letter to his friends, that he had been in the habit of attending church for some time, since I had taken charge of the institution, and that he had heard so much of the heavens and the angels, he was disposed to try and do as well as he could so as to go to them and be happy. There was a vein of insanity running through his letter, certainly, but evidently his mind was not in a hopeless case. I had a conversation with him, changed his ward, and placed him with another class of patients, where he would have all the advantages the institution could possibly give him. The result was that, after the lapse of a considerable period of time, he completely recovered. He is a married man; and for the last seven years has been doing exceedingly well—as well as any of his neighbors. Now, take that case, and suppose he had been sent to an institution for incurables; is it likely that anything would have occurred in an institution of that sort to have aroused him, and even if he had shown some symptoms of improvement, would it have been possible in such an institution to give him the best chance of recovery? Could you have put him in a better condition, especially in an institution the prime object in the management of which is to make it self-supporting?

I do not know that it was scarcely necessary for me to have said even as much as I have. There is nothing in connection with the management of the insane, of

which I am more thoroughly convinced, than of the impropriety of the separation proposed. I cannot see anything, in any aspect of it, not productive of unmixed evil. You may look back to the whole history of the world, so far as the insane are concerned, and it is, without exception, that, whenever you place the supposed incurable in an institution by themselves, whatever may be its original character, it degenerates from day to day until it becomes—as has been expressed—a perfect “hell upon earth.” Place even a good man in charge of such an institution, with the idea that his main object must be to save money, and then with the disposition to save ourselves trouble, it will inevitably fall into the condition in which these institutions have been found in every part of the world. It may be asked why this does not occur in the asylums as they now exist? If there were no other reasons, the fact that there is a constant stream of visitors to them, that the friends of the patients are looking into their condition, the knowledge there is on the part of all the officers and employes, that persons are recovering and going out into the world to report the condition of the institution and the treatment they receive, is sufficient to explain the difference. It may be said that the sense of duty, which every man ought to feel, should lead him to do right, whether his conduct is exposed to the world or not. That is quite true—entirely correct in principle—but we have, in these institutions, to deal with all classes of people, and it will not do to rely upon the conscientiousness with which men ought to perform their duties. It is a great deal better, in addition to whatever principle and whatever amount of faith we may have, that there should be a little watching. The knowledge that there are persons passing from

the institution, and that there are persons in the institution who are able and will look into their interests, will go very far to keep these institutions in proper condition. Nothing of this kind occurs in institutions exclusively for the chronic insane. There are very few persons who will suffer their friends to go there if they can avoid it; and persons sent there, as a matter of necessity, will not be likely to receive great attention from their friends. I repeat, in conclusion, that it is only necessary to look into the character of institutions which have been established for incurables, to show their utter destructiveness, and I hope no such system will ever be adopted in this country.

DR. WALKER—Mr. President: I do not stand here to-day as the advocate of the separation of the chronic from the acute cases of insanity, or, in other words, the separation of the curable from the incurable. Whenever that question is presented by itself alone, I shall always be found on one side of the line. I cannot conceive any other position which an enlightened, experienced superintendent of an asylum for the insane can possibly take. We have, in every hospital, a large class of chronic cases who require, for their own best estate, all the appliances which we are apt to regard as absolutely necessary for the highest success in curative treatment. I cannot conceive it possible that any one can, for a moment, entertain the idea of providing for them elsewhere than in the same institutions and under the same treatment provided for curative cases. At the same time there is, in every hospital, a class of cases in an advanced stage of dementia, and, humanely speaking, in a hopeless state of dementia. I use the term "hopeless" understandingly, having learned as well as others to be very careful how

I pronounce any given case utterly incurable. But there is a large class, in all our larger hospitals, of whom it may be said they are beyond doubt in a hopeless stage of dementia; and they form the least desirable class of patients. They are those who give most trouble to the superintendents, and are most annoying to their fellow-patients, and yet who, beyond all question, require the utmost care and constant attention. But, filling up our wards, as they do, they are to-day keeping away from curative treatment numbers of those who might otherwise be subjected at once to its benefits, and possibly, in many cases, be saved. The question comes up in some of our States. It has come up in Massachusetts, in New York, in New Hampshire, and in Pennsylvania, I think, what shall be done for the growing wants of the community in regard to the insane? I honestly believe that it is utterly hopeless to go before our legislative bodies and ask for further appropriations for institutions for the insane, so long as we insist in declaring that this class must have all the accommodations the best class require. It has become a question of practical utility, and we must meet it as practical men. We cannot avoid the responsibility. It is useless for us to fortify ourselves behind theories, and say to our communities, "you may go thus far and no further; we cannot help you, and will not go beyond it." It has come to this: that, in many of our communities, unless we take hold of this subject, as practical men, and guide our communities in a safe and proper direction, they will take the matter in their own hands and go on without us. I venture the assertion that it is utterly hopeless to attempt to provide immediate hospital accommodations for all the insane in the State of Massachusetts. As the superintendent of

an asylum, I would be glad to see it done. As a practical man, if a member of the Legislature, I could not honestly vote for it. Our communities are weighed down and overburdened with expenses. They hold out their hands to us to-day, liberal as they have been in every requirement heretofore, and ask us, can you not devise some means of relief for us here? If we fold our hands and shut our mouths against them, what will be the result? In my judgment, we shall be told by our people that they cannot incur the expense of the additional hospitals required, and that they will take the matter into their own hands if we refuse to guide them.

Such were the reasons which induced the committee to draw up the resolutions presented to the Association—not in all respects what they desired, yet intended as a practical compromise of the question. When we cannot do what we will, let us do the next best thing and save the worst. I appeal to you if that is not the part of practical men, and wise men? It is useless to stand in this Association and make use of poetic terms in describing the misery and despair of this unfortunate class of human beings. There is no man who feels it more than I. But it is useless to tell me of the extreme sensitiveness of the man so perfectly demented as not to know enough to go to his meals. It is not so, and it is not wise in us to make such appeals to our sensibilities. I think we can do for that degraded class of our patients all they require to have done in that condition, and having done that, I believe we have responded fully to the call upon our sensibilities.

With this question so fully determined before the discussion was entered upon, it matters very little what resolutions are presented. The very first member who

spoke upon them, utterly ignored the signification of the resolutions, and declared that they in effect, yielded the whole question, and advocated the separation of the curable and incurable. And so throughout this discussion, hardly an allusion has been made to the resolutions presented. My friend, Dr. Earle, did allude to them, and both Dr. Tyler and Dr. Earle said in relation to resolution No. 5, that if the selections could be made with judgment and safety, they would be in favor of it. Yet from the outset no member has offered a suggestion to make that resolution perfect. There is, in parts of our country, an extreme want in regard to this matter, and members have chosen utterly to disregard that want. The committee have reported what seemed to them a wise, careful and judicious means of meeting the difficulty. But no one has attempted to suggest improvements of the plan we have proposed, in order to make it acceptable to the Association and profitable to the community. Your Committee say that "demented persons in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals; but always in buildings constructed expressly to meet the requirements of their peculiar condition, with such arrangements and provision for their care and custody as shall effectually secure them from the danger of abuse and neglect, to which, as a class, they would otherwise be specially liable, and under the entire control of a resident physician. The persons to be provided for as above, should be selected by a commission composed in part, at least, of experienced Superintendents of hospitals for the insane, and no one should be thus provided for who has not previously enjoyed the benefit of hospital treatment." Now if there is not suf-

ficient protection in a commission composed in part of experienced Superintendents, then why is the motion not made to amend so that the commission shall be composed wholly of experienced Superintendents, a majority of whom could hardly mistake any given case?

It has also been intimated by some of the speakers, inadvertently, no doubt, that the committee have advocated the building of separate institutions as an economical movement, whereas the declaration they really made was, "it is unwise and opposed to pure humanity as well as to economy, to attempt to make the labor of the insane remunerative, or even as a primary object, contributive to their support." These are my present sentiments in that respect; that in no hospital is it wise to attempt to make the labor of the insane contributive to their support as the object of their labor. Give them all the labor you can, for their own personal benefit and improvement, and if the result shall be remunerative, let it go towards their support; but never make that the object of furnishing them with labor.

Having thus explained the motives of the committee, and called your attention renewedly to the point they have made in their resolutions, I have only to say again, that the committee felt that they were actuated by the highest motives of benevolence and kindness to the insane, and also by a sense of duty to the community. The Superintendents who object to putting this class of patients away in a building provided expressly for them, under all the safeguards you choose to throw around them, are, as we all know, from the want of capacity and room in their institutions, compelled, week after week, to send out this very class of patients into the poor-houses, jails and county receptacles throughout the State. If it

is such a wrong to do what we propose, is it not a positive, terrible wrong to do what they are doing constantly year after year, without in their annual reports protesting loudly and earnestly against it? Yet they are silent, and the thing goes on increasing in its extent and misery. I do not believe in the separation of the two classes, the incurable from the curable. I do believe, however, as a practical measure, in taking this matter into our own hands, and indicating in some way our willingness to coöperate in some practical measure of relief. Those who are now turned adrift into cages, jails and poor-houses, will not suffer from being transferred into comfortable homes. And when we undertake to say to the community that persons in our hospitals, so utterly demented that they do not know enough to go to the table to eat; that they do not know enough to obey the ordinary calls of nature; are so sensitive as to be miserable if they are deprived of the moral and social, and intellectual advantages of our highest institutions, it is my deliberate judgment that we outrage the enlightened common sense of the community, and destroy our own influence as practical men.

Dr. BROWN—Before Dr. Walker leaves the subject, I beg to ask him a question. I may say that I can sympathize from the experience I have had, with the views of Dr. Walker in this matter, having occupied a position identical with his when I was in connection with the Asylum at Blackwell's Island, and I would like to ask his views upon the practical question, what he would recommend in reference to the institutions of the large cities like Boston and New York? The population of such cities, of course, forms a concentrated community, differing only from the rural population in the fact that

a very large number is collected within a small territory. Now, the whole theory of this question may be tested by deciding what would be proper accommodations for the insane of all classes in such a community, and then applying the result, with such modifications as circumstances may require, to larger and more sparsely settled areas. I would, therefore, like to ask Dr. Walker whether, for the large cities, he would separate the two classes in distinct institutions, or whether he would object to the annexation of a department for the chronic insane to his own institution, to be under his general supervision, with competent assistants to have their immediate care? The advantage of such an arrangement, in a large city, over the same arrangement in the rural districts, would be that the incurable would still be in the immediate neighborhood of their own acquaintances and friends. If Dr. Walker thinks there would be no objection to such an appendix, to our ordinary hospitals, it seems to me that is all that could be desired anywhere. As I said before, any views upon this subject have always been somewhat latitudinarian. I see no such objection to such an establishment in connection with and under the same general supervision of our ordinary asylums, and it seems to me the whole object could be obtained by the extension of our asylums to a reasonable limit, better than by separate asylums for the chronic insane or hopeless cases.

DR. WALKER—In answer to Dr. Brown's question, I will say, that the resolution offered by the committee did not go in to that part of the subject at all, for the reason that everything could not be provided for in a single resolution. I see no objection to appending these buildings to any of the State hospitals. In our own case,

in Boston, whenever the number of that class becomes so large as not to be able to properly accommodate them; whenever, for instance, more than 300 accumulate, which is the number we can accommodate, I should advocate the erection of a contiguous building, especially for this class of chronic insane, to be under the same direction. This very question came up on a small scale, in our institution, within the last year, and without reference to any general plan, we settled it upon its own merits, with probably not more than 180 patients on the average; still, we are overcrowded at times. A member of the Board of Trustees applied to me for a list of persons, who, in my judgment, could be comfortably provided for in the alms-house of the State. At his request I made out a list of about twelve, I think, out of the 180, who, for anything I could see, might be comfortably provided for in our alms-house at Boston. At the same time I was compelled, on sending the list to him, to send also a note utterly disclaiming any responsibility for that disposal of them. I did not believe there was anything in the condition of our hospital, at that time, to warrant the separation proposed. If such separation were ever to take place, I should advocate the erection of an additional building, contiguous to our own, for the care of this class of patients. In the State of Massachusetts, as in other States, there is a very large class of these people; enough, if congregated together, to occupy a hospital, and a very large one too, and I see no objection whatever to their being divided among the different State hospitals, and accommodations provided for them.

THE PRESIDENT—Allow me to inquire of Dr. Walker, in what way he proposes to economize in the institutions he proposes to establish over the care of these people in

our present hospitals, which are provided with every convenience and comfort?

DR. WALKER—I should think a good deal of economy might be practiced, both in the building and in the diet afforded. I do not refer now to the quantity or quality of the food; but to the variety of it. I think a saving may be also effected in the number of attendants provided. These persons, many of them will not participate in, and care nothing about the amusements of the institution, and so in respect to riding and walking. I can see a good many ways in which quite a saving of expense may be affected. Any Superintendent who has not given his attention to the subject, will be surprised to find how much, in the aggregate, will be saved by the reduction of the cost to each patient of a single cent for each meal. At the end of the year, you will find the amount saved, in a large institution, is very considerable. I know that in some of our State institutions, those who have given most attention to the subject, have been surprised at the amount of saving they have effected in the aggregate, without depriving their patients either of a single comfort.

DR. EARLE—I should like to ask Dr. Walker, whether, upon reflection, he really thinks the number of attendants could be reduced? It strikes me the number would be much more likely to be increased, if all the really chronic, demented, advanced cases were taken out of the hospital and put into a separate building. I really think a larger number of attendants would be required for their care, than under the present system.

DR. WALKER—That is not my impression. I think more could be taken care of in one ward, and if so, of course, there would be a saving in the number of attend-

ants, while they would be just as well taken care of as now.

DR. GRAY—I wish to make a single remark. I do not know whether the gentleman alluded to me, as one of those who had shut my mouth, and kept it shut, instead of remonstrating against the inhuman practice of caring for these people in the jails and alms-houses. I may say here, that if the remark applied to me, it was hardly with a full recollection of what has occurred. I have remonstrated in my annual reports, year after year, against this practice, and have taken every occasion to call the attention of the community to it.

One other remark: The member of the Committee, reporting these resolutions, has touched upon the actual mode of cheapening he proposes to adopt. I have nothing in addition to say, in regard to the question of diet, to which he alludes; but he would cut off walking.

DR. WALKER—Not at all. I said the walks and rides might be lessened, but not dispensed with.

DR. GRAY—Then he would limit the privilege of walking, on the part of these patients, and his institution would gradually sink into the institution Dr. Brigham has so graphically described. I am glad Dr. Chipley has quoted from Dr. Brigham.

DR. LOCKHART—No subject discussed before the Association has so much interested me as this one, because our people are very much interested in it. In Indiana, as in Massachusetts and other States, the subject of establishing separate institutions for the chronic insane has been mooted, and I may say that, if the question is to be presented in the shape of whether it is better to establish public alms-houses or second rate asylums, in place of allowing these people to remain in the county

poor-houses and in the jails, which are still used to some extent for the confinement of the insane, I should be in favor of such places of refuge as those now proposed, if we could not obtain better.

We have in the State of Indiana more than 1,000 incurable insane. That estimate is within bounds, according to our census reports, and referring also to a special census taken by my predecessor. The hospital of which I am Superintendent, when full, will accommodate only about 300 patients. Now, what shall be done for the other 700 or 800 insane? Shall we try to urge up our Legislature to the erection of three new hospitals now, commodious, well-appointed hospitals, or shall we adopt a system like the Willard Asylum, or on the plan we are now discussing? I confess that I hesitate very much in consenting to recommend the establishment of an institution of a lower grade than that of the hospitals in the country generally. There are abuses even in our hospitals, as well regulated as they are. In the State of Indiana, 17 years ago, our hospital was enlarged into an institution creditable to the State, and to the people of the State, at that period, and our Commissioners and law makers rested entirely satisfied with what had been done. And I feel sure that if we were to adopt asylums of a lower grade, in the different quarters of the State, to accommodate these 1,000 insane, our people would again become self-satisfied, and leave us with second rate institutions for the insane, which, in the end, would become disreputable and disgraceful. I fear this would be the tendency of the adoption of such a system. From my knowledge of the asylums and hospitals we have, I know how difficult it is for us to keep up an institution, proper and creditable in its character, and efficient in its

operations, as a refuge for the insane. With all the safeguards thrown around our institutions, with all the reports we are required to make to Governors and legislatures, with all the appliances at our command, with all the inducements held out to us, to keep our institutions in the best condition possible, I know that we do not do too much for the insane as it is. And if we are to establish new asylums, with fewer advantages and capabilities, much less will, of course, be expected from them, and the result will almost inevitably be a great deal of deprivation, suffering and misery.

Our Legislature, at its last session, I am happy to say, made an appropriation for the enlargement of our present hospital for the insane. We hope, at the next session of the Legislature, greatly to increase the amount of the appropriation, and the Commissioners and myself have purposed, and still purpose, that the money appropriated shall be used in building an addition to our hospital, as complete, as perfect, and even more so, in all its parts, than the old building; but in respect as to what shall be done in future, I am satisfied much depends upon the decision that we make here to-day. If the Willard Asylum shall be decided to embody a plan that ought to be fostered, other States will imitate it, and perhaps our own State will build an asylum of this sort. This question, as I said, is forcing itself upon the communities; we have to meet it in some way. Even in the well-regulated State of Massachusetts—a model in all these enterprises—we know that the asylum at Northampton is practically a resort for the incurable insane. This thing is unavoidable; you cannot help it. In our institution, we are from year to year turning away these chronic patients to make room for new cases, and we think we

do right; for, after a case has been under treatment two or three years, the probabilities of recovery have, of course, very much lessened, and a greater amount of good may be done, as we cannot accommodate all, by requiring them to give place to cases of perhaps a few days' or weeks' standing, of which the hope of being able to benefit is greater. I learn from Dr. Kirkbride, that the number of insane now in the alms-house of Philadelphia is near 600. So that, in the wealthy State of Pennsylvania, with its well-appointed hospitals and asylums, capable of accommodating great numbers of patients, the chronic insane, in large numbers, are, after a time, forced into the alms-houses. Perhaps, if we consented to the erection of these institutions, and gave them the designation of alms-houses, instead of calling them asylums or hospitals, we should find the use of that term less objectionable.

DR. NICHOLS—If the Doctor will allow me to interrupt him, without wishing to impair the force of his argument at all, I would like to have a proper impression made in respect to the character of the Philadelphia Alms-House Hospital for the insane, or rather insane department of the alms-house, because the effort is being made, and in a good degree successfully, to make that a hospital for the curable, organized as our State institutions are, and carried on with the same degree of efficiency. If it has not improved as rapidly as its friends desired, it has still greatly and steadily improved. It has a medical Superintendent who has no other duties, and who is endeavoring to make it a desirable hospital, substantially like our other institutions. I think it is due, not only to the Superintendent and medical officers, but to the general

issue in question also, that the true character of that institution should be stated.

DR. LOCKHART—The fact Dr. Nichols has expressed, I was about to state. I have visited the Philadelphia Alms-House, and was pleased with its management as such. I was about saying that, in consideration of having regular medical attendance and officers, and in consideration of its being so well regulated an establishment, although called an alms-house, would it not be better to establish in the States, institutions for the incurable insane, giving them the designation of alms-houses? Now, take the Philadelphia Alms-House as an example. The result would certainly be good in sending such persons there, in comparison with our county poor-houses and jails.

THE PRESIDENT—The Chair will remark, in respect to the Alms-House at Philadelphia, that the insane department is entirely distinct from the alms-house, although in the same general building. We regard it as a hospital for the insane; but its present position is not regarded as satisfactory, and the proposition now is to remove the insane department entirely from the alms-house, and erect a separate institution for that purpose.

DR. LOCKHART—The proposition I am discussing is, to establish an alms-house hospital, with a regularly paid superintendent and medical corps to care for the insane, who are now inmates of our jails and poor-houses.

THE PRESIDENT—Then you make a regular hospital.

DR. LOCKHART—Yes; but I propose to call it an alms-house.

DR. NICHOLS—What is the benefit to accrue from calling it an alms-house?

DR. LOCKHART—There has been, since this discussion commenced, an expression, on the part of almost every one, that the establishment of asylums, on the Willard plan, would have the effect of degrading the business of taking care of the insane. If, therefore, institutions, having a lower standard as hospitals, are to be established, the idea I suggest would be to change the name, rather than to change the reality; for, I believe it is a fact—I know it is with our people—that our communities are now so burdened with taxation as not to feel able, at the present time, to provide ample, commodious hospitals for the insane, regulated in every respect as they ought to be for recent cases, sufficient for the accommodation of all these unfortunate people who ought to be cared for. It would require the expenditure of a million and a half dollars to do it in Indiana, and if the appropriation cannot be obtained, will it not be better—although I am opposed to anything less than a well-regulated hospital—to provide some intermediate establishment, under which these people can be better cared for than at present? The fact cannot be ignored, that the necessity for something to be done is very great. Our jails and poor-houses contain many epileptics, dangerous in their character, and there is no proper place to provide for them; and, unless we agree to have something of this sort for their benefit, they will not be provided for. I say, therefore, the question is whether, under these circumstances, it is not better to have second class hospitals, which shall provide, in a measure, for our immediate wants? But, at the same time, I shall vote against any proposition of this sort, as a general proposition, and shall try my utmost to urge our people up to the point of providing four hospitals for the four quarters of our State.

DR. NICHOLS—It has long been an impression on my mind that, in many of the States of the Union, which have at least one first class hospital for the insane, the wants of the community are not entirely accommodated by that institution, even in the care of recent cases. And I think that view is demonstrated by the paper which Dr. Jarvis has recently prepared and published in the JOURNAL OF INSANITY. The first reason why I desire hospitals for the insane to be multiplied in a State is, to afford better facilities for the treatment of recent and probably curable cases. Now, suppose we get such a number in each State as will make them accessible to all the people of the State, the thought has been uttered by Dr. Chipley and perhaps other members of the Association, but it seems to me has not been sufficiently considered, that it is of the first importance to have a certain proportion of curable cases in every hospital for the insane, in order to keep them up to the curable standard, and in order to keep them up to a humane standard. I do not believe it can be done in a hospital in which all minds are impressed with the idea that there is nobody in that hospital who is ever going to be cured. I do not believe it can be kept up to a humane standard, or that the people will be made comfortable in it.

Another idea I wish to express in this connection, and it strikes me, a valuable one, in reaching the proper conclusion in relation to this very important question now before us, is this: Suppose we get, as in Massachusetts, and perhaps in Ohio, such a number of what we call curative institutions as will accommodate the people of those States, and that they are accessible each to the people of its district. Then comes up the question, which is now pressing in Massachusetts, for example, of

taking proper care of the incurable insane. It is, as Dr. Walker justly remarks, a question of economy with the public. Now, it seems to me as demonstrable as anything perhaps can be, because it is arithmetically demonstrable that it will cost less to add suitable accommodations for the incurable insane to the institutions already existing, and have that class of insane taken care of in connection with the curable cases, than it will be to erect and conduct such separate institutions for the incurable insane, as any one member of this Association would be satisfied with. I do not propose to go into a demonstration of this proposition. It seems to me it is self-evident. I throw out the suggestion because it is to me a very important one. All these provisions for the insane of all classes were had in view, in submitting the propositions which I submitted yesterday, in lieu of any extended remarks on the subject.

Now, I do not know as it has been insisted by any member who has addressed the Association, that the incurable insane shall be kept largely, or even at all, in wards with the curable. If you have curable insane enough to fill the present hospitals, when you come to enlarge these hospitals, I see no objection to erecting separate buildings in connection with them for the incurable. Dr. Kirkbride has demonstrated that such a plan can be pursued successfully, and I think it a wise course, certainly, in the Doctor's case, and I have no doubt it would be in perhaps most others. But I see no objection to putting a curable insane person in that building, provided it is a good one, or of taking the present building for the incurable, and erecting another for the curable. The thought I wish to impress upon the members of this Association is, that you are not going to cheapen the

care of these people by erecting and conducting such separate hospitals, of a character such as any member of this Association would be satisfied with. And as the question is one of economy, as is conceded on all hands, so far as the community is concerned, it is of the utmost consequence to the welfare of the insane, that we should take the view, if it be a correct one, that it really is not an economical measure to build these separate institutions.

DR. CHIPLEY—I believe it is a fact that some of the States have made ample provision for all their insane. The State of Vermont, for instance, has made provision for the accommodation of one for every 720 of its population, and I take it for granted that is all which would be required. Now, the question occurs to me whether insanity is more prevalent in other States than in Vermont. Massachusetts has not made so large a provision proportionately. The capacity of the institutions in that State, I believe, amounts, in the aggregate, to one for every 1,025 or 1,030 of its population.

In my own State, the people have always been ready, and have urged the Legislature to make more ample provision. The people never have objected to any provision that has been made for the insane. The only class by whom we have been met with opposition in these matters, have been those in official position. I do not know that I have ever heard an intelligent person, outside of the Legislature, express opposition; but, on the contrary, the people have been constantly urging every Legislature to make more ample provision for the insane. Before the war, provision was made for the erection of another asylum, costing a quarter of a million of dollars. That, unfortunately, was burned in 1860. Since that

period, another quarter of a million of dollars has been appropriated for the réerection of that building, and the work was prosecuted even during the war, when wagons and teams had to be guarded by the military, for five or six miles from the institution, against the depredations of guerrillas. I believe our Legislature will be induced soon, and I hope at its next session, to make further provision for other institutions, not of a lower standard, but, if possible, of a higher standard than those we now have, so as to provide for all the best means of recovery, and to provide for those who do not recover, all the care and comforts such institutions are capable of affording.

The question has been asked, and there has been no satisfactory answer to it, how will these institutions be made more economical than if this class of patients is retained in our regular asylums and sufficient accommodations provided for them? For instance: we have a large ward with perhaps forty men in it. Every morning, after breakfast, every man in that ward has the same occupation. Two or three remain to attend to matters about the ward; some assist in the kitchen, some in the boiler house, some in the laundry, some on the farm, and some in the garden. The two men who have charge of that ward going with certain parties, and others with other attendants. At 12 o'clock the bell rings; they all réassemble, take dinner, take their proper rest, and go out again in the afternoon. Will any one tell me how those forty men can be more economically supported in an institution professedly for incurables than in a hospital so organized? To save my life, I cannot conceive how they can be more cheaply supported in such an institution than in a regular organized hospital, receiving curable patients as well as incurable.

THE PRESIDENT—With the permission of the Association, I will say a word or two upon this subject, merely to indicate that I have not changed my sentiments in reference to this question, in consequence of the argument to which I have listened, in this discussion. The subject was so fully considered in my last report, that I am sure gentlemen will know what were my opinions at that time. If I were to write it again, I can only say, I should use a little stronger language than I did then, on the same side of the question. I have really been anxious to learn from some of our friends, who take a different view, where anything is to be gained. If we believe, and are able to convince our legislatures and our citizens, that there is to be no economy in it, they will certainly have no disposition to carry out this system of separate institutions, for the so-called incurable. It was for that reason, that I asked the question of my friend, Dr. Walker, whose ability on the subject of political economy we all know, and I will confess that his reply to my question was not entirely satisfactory. If the chronic insane are going to require about as much food; about as much clothing; about as much warmth in winter; about as much fresh air, and all these things, as the curable insane, I think, when we are treating the curable insane, we can take care of the chronic insane with more economy really than they could be cared for in a separate institution. I speak for myself, when I say that our expenses, for the supposed curable insane, and for the chronic insane, treated in connection with each other, are less than it would be possible to provide for them separately. Then again, in our institution, some of the most useful people about the hospital, are those who are really incurable, and have come to spend their

lives with us. That has been my experience during my whole connection with the Hospital.

In regard to further provisions for the accommodation of a large number of patients, I think my friend, Dr. Lockhart, has given the true principle on which a solution of all these difficulties is practicable. The trouble is, we have not faith. If we have faith in our legislatures, and in the people, they will not disappoint us. I have faith in the people of Pennsylvania, as I have reason to have faith in the people of Philadelphia. If we have asked for means to provide new hospitals, which have not been granted, the reason has been, that the people have not had the importance of it shown to them. I venture to say, there is not a community in this land, which, if properly informed and educated, in respect to the wants and requirements of these people, that will not be ready to meet those requirements. There are some communities, in reference to this subject, which are like taking children who have not been cultivated into cultivated families. You have to educate them, before they will understand even what they want. Get our people to understand what is wanted, and they will do it. The annual expense required for this purpose, from any individual tax-payer, is so small, that I say to my friend, Dr. Lockhart, he can hardly find an individual in his State who would not be ashamed to say he would not be willing to contribute his portion for the four institutions required in the State of Indiana.

Then, in regard to the Willard Asylum, about which so much has been said, I should like very much to understand whether it is to be a cheaper institution than the ones already existing in Vermont or in New Hampshire. If I am correctly informed, it is likely to be

more costly. I understand that more money has been expended for the site than has been paid for that of any other asylum in the United States, and that by the time it shall have been completed, instead of being the cheapest, it will be the most costly institution in the Union. I may be in error. I speak from what I suppose to be good authority, and if I am wrong, will thank any gentleman to correct me. My own opinion is very decided that all our insane should be provided for in regular asylums. I can understand how certain classes of patients may be provided for, more cheaply than others, in our regular institutions. It is entirely practicable, to place in certain wards, a class of supposed incurable patients, who need not have mirrors, parlors, billiard-tables, or anything of that kind. But in many other things, they cannot properly be deprived of any of the advantages required for the curable, and many of the chronic insane require even more warmth and ventilation, because their condition is such, with less vigor of circulation, that more warmth and more fresh air is absolutely necessary, than for curable patients. It is the safest, most humane, and in my judgment, the most economical plan to provide for all this unfortunate class of people, in the manner that shall give them the greatest amount of comfort, and the best chance of recovery. I will not detain the Association longer. I only desire to put myself on record, as not having changed my opinion upon this subject. There is one thing that, perhaps I ought to say before I sit down, that my information, in regard to the cost of the Willard Asylum, did not come from any member of this Association.

DR. EARLE—I should like to ask Dr. Lockhart, what evidence he has that the people of Indiana will not erect more asylums?

DR. LOCKHART—Dr. Athon, my immediate predecessor, for a period of ten years, annually appealed to the people, to the Governor, and to the legislature, for "more room, more room," until the appeal has become chronic in the State of Indiana, so that I did not even mention it in my report of last year. These reports were very widely circulated.

We are about making another effort. I am getting out blanks to send into each county, asking petitions to be signed by the doctors, lawyers, ministers, and other influential men, in the community, for this purpose. Miss Dix has consented to visit us next winter, and I hope that, through all these agencies, we shall succeed in obtaining a liberal appropriation.

DR. JONES—It is demanded at our hands, that we should consider a system of economy, under which the insane, in our respective States, may be cared for at less expense than heretofore. The gentleman from Indiana, is, I think, an exception to the general rule. As often as I have seen reports of Superintendents, especially those having charge of State institutions, I have seen that they had cause to felicitate themselves, that all their requests in regard to supplies and appropriations of every description, needed for their institution, have been cheerfully granted upon the part of the legislatures. Gentlemen here, all know how liberally their people have contributed, and how cheerfully, whatever they have said, was needed. The Superintendent of the Government Asylum congratulates himself, from time to time, that the Congress of the United States responds to every request made by him, and until we are really appealed to, for a system under which the insane may be

cared for more cheaply, the Superintendents of these institutions should be the last to volunteer suggestions on that subject, to the public. Let us, at least, exert such influence as we are permitted to have, to accomplish the provision of whatever accommodations are necessary for all the insane, and when we fail, it will then be time enough to consider some other system.

DR. WALKER.—The observations of Dr. Jones, in respect to the liberality of the people, are certainly well merited. The disposition of the members of our legislature, has always been to provide all that is asked for to meet our current expenses. But when we have asked them to appropriate \$250,000 for a new Asylum, they have hesitated before granting it.*

Dr. Cook had no desire to prolong the discussion. The paper he had read, contained a full expression of his views, and he thanked the Association for the kind and courteous manner, in which the subject had been received. But it seemed to him, that the discussion had taken a very wide range, and that much had been said, which had little bearing upon the question presented. And he would here ask the attention of the Association, for a moment, to the main question discussed in the paper he had read. It is therein stated, that if all the insane poor in the State of New York, were now provided for in State Hospitals, he would not come forward as an advocate for a separate asylum for the chronic insane. But the practical application of the laws, under the hospital system in our State, has placed hundreds

*At this point of the discussion the Stenographic Reporter left the room. The remarks of Dr. Cook, which follow, have been written out by this gentleman, since the adjournment of the Association, and kindly forwarded to us at our request.—Eps.

of them in the county house receptacles, and he did not believe that any human power could put them back into hospitals. And the practical question is, will you continue to uphold this hospital system, under which these poor house receptacles have so rapidly come into favor and power, as the only proper provision? Will you leave these chronic insane in their present misery and degradation, or will you give them something better, even though it be something cheaper than hospitals? We have heard the word "cheap" denounced here in no gentle terms. He cared not how others might sneer at "cheap" asylums and "cheap" men. He earnestly desired the adoption of some system of provision for the insane poor, which shall be economical enough, or, if you please, "cheap" enough to include them all, recent and chronic, within its provisions. He could not perceive the justice of a system, which in its practical application, leaves the greater number uncared for, and which would then attempt to bar the way by its theoretical propositions, to those who would help this unfortunate class thus left to suffer.

He had not desired to differ from the majority of the Association on this question, but events unforeseen, and beyond his control, made it necessary for him to defend the action of the legislature in creating the Willard Asylum. An experience and observation of eighteen years, had convinced him, that the hospital system alone, as administered in the State of New York, is not adequate to meet the wants of all the insane poor. We have one State hospital and many poor house receptacles. Other States have increased the number of their hospitals. Ohio and Massachusetts each have three, and yet the great mass of the chronic insane, in those States, con-

tinued to be insufficiently provided for in almshouses. The same results will follow in the State of New York. The erection of two more hospitals will not abolish a single county house receptacle. No community in the world has ever yet made hospital provision for all its insane. He would not ask the Association to receive this fact upon his assertion. Dr. Ray is good authority for this statement, and he further tells us that such provision is less likely than ever to be made in this country, while we are staggering under the burdens imposed upon us by the great national struggle. Now, he would ask the Association, as a body of practical men, if hospital provision has never yet been made in this or any other country for all the insane, and if we are less likely than ever to make such provision now, what probability is there that hospitals on the present plan of construction and organization, as presented by the propositions of this Association, will ever be erected for the chronic insane that now fill our county poor houses, and are yearly increasing in number? By theoretically adhering, exclusively, to the hospital plan, do you not, in effect, help to perpetuate the county house receptacles? No other conclusion seems legitimate.

Our esteemed President tells us that we should have more faith. But faith must have a foundation upon which to rest, and here is no foundation, except a theory which has failed in practice.

He desired to call the attention of the Association to the remarks which had been made in regard to the new asylum bill, passed at the late session of the New York State legislature. It has been said that the legislature, in this bill, had righted itself, and we were left to infer,

that a hospital on the plan of our present State hospital had been created.

The bill consists of two sections. The first section provides for the appointment of commissioners. The second section provides that the commissioners may accept a site as a gift, or contract for the purchase of one, and report their action to the next legislature for approval. That is all; there is no appropriation and no Asylum even, of any kind created. It is a mere assumption to say that it is to be an hospital according to the Association's propositions. It may be or it may not; upon that question he would express no opinion here.

When the paper was read upon provision for the insane poor, in the State of New York, Dr. Gray was absent. In the remarks which he made upon the subject, he took occasion to say, that he did not know what personal allusions had been made in that paper. It seemed proper, therefore, that he (Dr. C.) should now read the extract, which he made from one of Dr. Gray's reports. He read from page thirty-one, of the Eighteenth Annual Report. Dr. Gray has there written, that "hospitals, with all the varied appliances for the treatment of acute diseases, must still be demanded; but for the care of chronic insanity, more simple and less expensive arrangements will be required and adopted." Thus it appears that he, (Dr. C.) is not the only one in the State of New York, who asserts that more simple and less expensive arrangements are required for the care of the chronic insane in our State. He would leave the Association to place its own estimate upon the denunciation which had been heaped upon him, (Dr. C.) and other friends of the Willard Asylum, as advocates of "cheapness" and "inhumanity."

In reply to a remark made by the President, about the cost of the Willard Asylum, he would say, that this was neither the time nor place to enter upon that subject. It could not be entered upon, without personal allusions, which he was unwilling to make here. He would simply say, that if the plan of the Willard Asylum was not, originally, as economical as it should have been, some one, other than the friends of the measure were responsible for it.

He desired to thank the gentleman from Kentucky, Dr. Chipley, for the illustration he had given of what may be done by proper classification and organization of labor in the care of the insane poor. Dr. Chipley says that he has forty-one patients in one ward, under the care of two attendants, and that all those patients, with their attendants, go out to labor. Here are forty-one patients cared for by two attendants, and their labor made available, without extra cost for supervision. This is a practical illustration of what may be accomplished, on a more extended scale, by the Willard Asylum. If all our State asylums had been managed according to the practice of the gentleman from Kentucky, there would not exist to-day the urgent necessity for more simple and economical provision for the hundreds of chronic insane now left unprovided for in county almshouses. With these remarks he would leave the subject, content to let future events decide the truth or fallacy of his views.

DR. KIRKBRIDE—The gentleman who has just spoken, as the advocate of separate institutions for the chronic insane, fails to answer the important question put to him, how these institutions are to be constructed and carried on with greater economy than obtains under the

present system. If the proposed substitute is to cost as much as the present system, why introduce it at all?

The Association here took up the consideration of the Report or Resolutions of the Committee, and the several substitutes presented therefor.

Dr. Cook presented the following substitute, which received but one vote in the affirmative, viz: that of the mover of the resolution:

The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted, in regard to the construction and organization of hospitals, was not required to meet the necessities of this class, the Association would take the opportunity to record its decided preference for hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the propositions so far as to admit that if the question presented in any State, be: Shall the chronic insane poor continue to be confined in county poor-houses, or shall provision be made for them in special asylums at a less cost than in hospitals? On this question, the Association would accept the special provision, if hospitals were not attainable, and abolish the county poor-house receptacles.

Dr. Chipley offered the following propositions, as a substitute for the Report of the Committee, which were unanimously adopted:

1. Every State should make ample and suitable provision for all its insane.
2. That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

Dr. Nichols stated that he desired to offer, for the consideration and action of the Association, the series of

resolutions which he had read at a previous period of the discussion, in lieu of extended remarks, and as expressive of the views he entertained. The passage of the resolutions, offered by Dr. Chipley as a substitute for the Report of the Committee, of course, ended the discussion of the subject of the care of the chronic insane. But he (Dr. Nichols) desired to offer these resolutions as independent propositions; and, at this late hour of the session, he hoped the Association would act upon them without discussion. The principles they enunciated were familiar to the members. The resolutions were then read by Dr. Nichols, as follows:

1. The large States should be divided into geographical districts of such size that a hospital, situated at or near the centre of each district, will be practically accessible to all the people living within its boundaries, and available for their benefit in case of mental disorder.

2. All State, county, and city hospitals for the insane should receive all persons belonging to the vicinage, designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.

3. All hospitals for the insane should be constructed, organized, and managed substantially in accordance with the propositions adopted by the Association in 1851 and 1852, and still in force.

4. The facilities of classification or ward separation, possessed by each institution, should equal the requirements of the different conditions of the several classes received by such institution, whether these different conditions are mental or physical in their character.

5. The enlargement of a city, county, or State institution for the insane, which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such district, may be properly carried, as required, to the extent of accommodating 600 patients, embracing the usual proportions of curable and incurable insane in a particular community.

The President remarked that one of the propositions of Dr. Nichols was opposed to one that had already been adopted by the Association, limiting the number of patients in hospitals for the insane to 250. He thought two-thirds of the whole number of Superintendents should be present when such a change was contemplated.

Dr. Curwen moved a postponement of these resolutions, which, after some discussion, was carried.

Dr. Earle then moved a reconsideration of the vote on postponement, which, after some debate, prevailed.

Dr. Chipley suggested that the President of the Association had practically violated that proposition, by increasing his institution to about 500, by establishing hospitals for the two sexes under the same organization.

The President begged to deny this. The two establishments, though under his charge, were separately conducted; and he felt it his duty to add that his Board of Trustees would, on his resignation, appoint a medical Superintendent for each. He held this position now, only for the reason that his Board urged it upon him.

Dr. Curwen here remarked that several members had left the room, being compelled to return home, and he hoped these resolutions would not be pressed to vote.

Dr. Nichols stated that several of the absentees had left their votes with him.

Dr. Gray remarked that Drs. Peck and Stanton, of Ohio, on leaving, requested him to cast their votes in the affirmative on the resolutions of Dr. Nichols.

Dr. Chipley moved to vote upon the propositions separately, which was agreed to, and the first four propositions passed unanimously. On the fifth proposition, the ayes and noes were called, with the following result:

AYES—Abbott, Cabanis, Chipley, Earle, Gray, Lomax, Nichols and Van Nostrand—8.

NAYS—Cook, Curwen, Jones, Kirkbride, Lockhart and Walker—6.

Dr. Nichols then said that the absent members would have voted in the affirmative, but as this proposition had received a majority of those present, it was not worth while to record the votes of the members who had left, particularly, as the Association were aware of their views.

The Association next voted on the propositions, as a whole :

YEAS—Abbott, Cabanis, Chipley, Earle, Gray, Lockhart, Lomax, Nichols and Van Nostrand—9.

NAYS—Cook, Curwen, Jones, Kirkbride and Walker—5.

Drs. Kirkbride and Jones desired to say that they fully concurred in all the propositions of Dr. Nichols but the last.

Dr. Jones thought 250 to 300 were as many as one institution should receive.

Dr. Kirkbride observed that, although it might be practicable to care for a larger number in one institution than the Association propositions established, he thought, at the same time, that, until this proposition, which had received the unanimous vote of the Association, was repealed by a vote taken when two-thirds of all the members of the Association were present, no change should have been made.

The Committee on Resolutions, etc., presented the following report, which was unanimously adopted :

Resolved, That our associate, Dr. Charles H. Nichols, has again, as often before, put us under obligations, pleasant to bear, by his considerate attention to our comfort and convenience, and by the oppor-

tunity he has afforded us to examine the admirable arrangements of the institution under his charge, and to witness the gratifying results of his able management, we beg leave to assure him of our increased esteem and affection.

Resolved, That our thanks are due to Surgeon-General Barnes, for the rich treat he offered us in the invitation to visit and examine the U. S. Army Medical Museum, and to Drs. Woodward and Otis, for their courteous attentions during our visit to the same.

Resolved, That our thanks are due to Messrs. Sykes, Chadwick & Co., for the convenient and commodious accommodations they gratuitously provided for the use of the Association, and for their prompt and thoughtful attention to the personal comforts of the members.

Dr. Lockhart moved that a committee be appointed to report, at the next meeting, on the treatment of Melancholia, which was agreed to, and Dr. Lockhart appointed said committee.

The minutes of the meeting were read and approved.

On motion of Dr. Walker, the Association then adjourned to meet in the city of Philadelphia, on the third Tuesday of May, 1867, at 10 A. M.

SUMMARY.

"THE CARE OF THE CHRONIC INSANE POOR OF THE STATE OF NEW YORK."—The paper with this title, which appears in the present number of the JOURNAL, will attract attention, as the first labored effort in defense of separate establishments, in this country, for the chronic insane.

The main argument of the writer is founded upon an assertion, the truth of which, he thinks, he finds in the history of legislation, that New York is unable or unwilling, or both, to build sufficient hospitals for her insane, and, therefore, some other and cheaper method must be devised for the care of this unfortunate class of her children. He does not contend that the system of separate asylums, for the chronic insane, is the best, in itself, but is best only under all the circumstances. He acknowledges that, were it feasible to secure enough hospitals, on the existing plan, for all the insane of the State, he would not advocate a change; but this he believes to be impracticable because, "for fifteen years efforts have been made without success, to secure the passage of a bill through the legislature of the State of New York, for one or more State Hospitals of this character," therefore, he asks, "is it not wiser to take it [the scheme of providing for the chronic insane, in separate institutions] rather than adhere to the unattainable and get nothing?" This argument would be more convincing, were it based on sound premises. That it is not, we have ample evidence.

The history of legislation in this State, during the fifteen years ending with 1865, supplies but one example of *well planned, well directed, and strenuous* effort, in behalf of the insane of the commonwealth. In 1857, the neglected condition of the insane poor, and the necessity of further State provision, were brought to the attention of the Legislature by the forcible report of the Select Committee on Charitable Institutions, Poor-Houses, etc. The report was accompanied by a bill providing for the immediate erection of two State Hospitals. This bill passed the Senate. "In the Assembly it passed a third reading, when its further progress was arrested by the premature adjournment of the Legislature." Thus it failed to become a law, not through opposition to the measure, for there was none; but by one of those accidents incident to legislation.

The subject was not again called up, until two years ago, when, although, in the midst of civil war of unprecedented magnitude, and with an accumulated debt of vast proportions, the Legislature of the State responded at once, without discussion or dissentient voice, to Dr. Willard's appeal, and the Willard Asylum was created. For this institution, the appropriations have already reached the generous amount of \$165,000, and the State, through its appointed commissioners, has secured the Ovid Agricultural Farm property as a site, at a cost greater than has ever, in any country, been expended for a similar purpose.

In further evidence, that the State is *potens et volens*, and that there is no disposition to evade or ignore the just claims of the insane, we may mention the fact that the Legislature, last winter, authorized the Governor to appoint a Board of Commissioners to select and contract

for the site of a third State Hospital, to be located on or near the Hudson River, below the city of Albany.

Soon after the passage of the Willard Asylum act, the JOURNAL called attention to some of its exceptionable features, and particularly to that most unfortunate provision of the law, which inaugurated, in our State, a system, that in other countries had been "weighed in the balance and found wanting." The fear was expressed, moreover, that the action of New York might serve as a precedent for other States to follow. This apprehension, happily, has not been realized. Although California, Kentucky, Ohio, and Connecticut, have since witnessed the discussion of this subject in their respective Legislatures, and the example of New York has been cited in favor of separate institutions for the treatment of acute and chronic insanity, the proposed experiment was, in every instance, rejected, and the extension of existing hospitals, or the creation of new ones substituted and adopted.

In California, the Assembly Committee on State Hospitals, to which was referred the Assembly Bill, creating a State Hospital for *curables*, at some point to be determined by a Board of Directors, and proposing to make the Asylum at Stockton an institution for *incurables*, reported the bill back with a recommendation that the subject be indefinitely postponed. As would naturally be inferred from the action of the Committee, their report expresses the strongest disapproval of separate establishments for "incurables." Moreover, the joint Committee of the Senate and Assembly, appointed "to investigate the affairs of the Insane Asylum, at Stockton," and among other matters "determine what changes, if any, should be made, either in the general system [of

provision for the insane] now adopted, or in the details of the present management," unanimously report: "The proposal to erect a building at some point for other *curables*, and thus convert the Stockton establishment into an asylum for *incurables*, should be utterly ignored. Our reading and researches establish the fact, that in nothing are the members of the profession, and the most competent and experienced superintendents and directors more unanimous, than in their utter condemnation of such a division and classification of the insane." The Legislature indorsed the opinions and recommendations of the Committees, and voted a liberal appropriation for the enlargement of the Hospital at Stockton.

The proposition to erect special Asylums for the chronic insane, met similar disapprobation and defeat in Kentucky, Ohio and Connecticut, the first two making liberal grants to enlarge existing Hospitals, in Ohio to the extent of doubling the capacity of two of her State Hospitals, while Connecticut has just passed a law authorizing the construction of a General State Hospital for the insane, at a cost of \$200,000.

In this connection, we may call attention to *recent* legislation in New Jersey, Iowa, Indiana, West Virginia, Nova Scotia and Canada West, where liberal appropriations have been made to enlarge or complete existing hospitals, and to Minnesota and Kausas, at present engaged in the establishment of State Hospitals for their insane.

At the recent convention of Medical Superintendents of American Institutions for the Insane, held in Washington, the dissertation upon the "Care of the Chronic Insane Poor of the State of New York," elicited a spirited and very emphatic expression of the views of the

members upon a system of provision for the insane in separate institutions, whereby the character of the disease, whether it be acute or chronic, curable or incurable (so-called), and the element of pauperism are constituted the basis of segregation.

At this meeting, the writer of the paper referred to, introduced the following resolution which, with the exception of the solitary voice of the mover, received a unanimous vote in the negative:

The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association, and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted, in regard to the construction and organization of hospitals, was not required to meet the necessities of this class; the Association would take the opportunity to record its decided preference for Hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the propositions, so far as to admit that, if the question presented in any State be: Shall the chronic insane poor continue to be confined in County Poor-Houses, or shall provision be made for them in special Asylums, at a less cost than in Hospitals? On this question the Association would accept the special provision, if Hospitals were not attainable, and abolish the County Poor-House receptacles.

Thus, distinctly and unanimously has this influential body—representing the highest intelligence of the medical profession in this country, in whatever relates to the care and treatment of the insane—proclaimed its positive condemnation of any scheme, even one set forth in the mild and modified terms of this resolution, which would provide separate asylums for the chronic cases of insanity. But, not content with the explicit expression conveyed in its refusal to agree to the above resolution, the Association passed, unanimously, the following propositions, offered by Dr. Chipley, of Kentucky:

1. Every State should make ample and suitable provision for its insane.

2. That insane persons, considered curable, and those supposed incurable, should not be provided for in separate establishments.

With such harmony of sentiment and action in the medical profession, and in State Legislatures, a farther discussion of the subject in our pages would seem unprofitable. There are, however, several points in the paper alluded to, which demand a passing notice.

The writer's statement, that Dr. Brigham favored separate asylums for the chronic insane, will seem very hard to believe, in view of the subjoined letter,* written by Dr. Brigham to Miss Dix, and now in the possession of this lady:

After much consideration, I feel constrained to oppose the establishment of hospitals *solely* for the incurable insane. They would, in my opinion, soon become objects of but little interest to any one, and where misrule, neglect, and all kinds of abuse would exist, and exist without detection.

I am opposed to them, principally, on these grounds:

1st. Who can say which patients *are* and which *are not* incurable? Of 200 now in this Asylum [Utica], neither Dr. Buttolph or myself, nor any one else, can say of at least one-third, to which class they belong. There is hope in their case; but this *hope* would be destroyed by sending them to an incurable establishment. This fact—that the chances of recovery would be diminished to even but a few—is enough to make us hesitate before establishing such asylums.

2nd. Many that are incurable are monomaniacs, that are deranged but on one or two subjects, but rational on others; such, surely, should not be deprived of any comforts that are afforded to the cura-

* The substance of this letter, amplified into an article on asylums for incurables, by Dr. Brigham, may be found in Vol. I. of the *Jour.*

NAL.—Eds.

ble class, among which the greatest is *hope* of again being restored to society, which would be destroyed if they were sent to an incurable asylum. Equally, or more strongly, does this objection apply to cases of remission—to those numerous cases in which insanity is exhibited for a week and followed by several weeks of sanity. Shall these be told there is no hope for them?

3rd. Among the incurable insane, there would be no certain means of ascertaining the neglect or abuse of them. In all asylums, the fact that some are well and soon to leave the asylum, is the *greatest* safeguard against abuse. It is so considered by all who are much acquainted with asylums for the insane.

4th. No possible good would arise from such *distinct* asylums—except they might be conducted at less expense. But how so, if they are to have proper officers, physicians, etc., and if they do not, why are they better than county houses?

5th. We have had no experience of such establishments. I have never seen but one such, and that was at Genoa—where the clashing of chains, the howlings, groans, and curses, gave to the place the appearance of the infernal regions; where no patient is ever expected to leave until dead; where hope never comes.

No! do not, in mercy to the insane, establish asylums for the incurables alone, but provide good asylums for all, and let all have the same kind care, and indulge the same hopes, (even if delusive to many), of ultimate recovery; but do not drive them to despair by pronouncing them incurable.

Dr. Gray also is brought forward in this paper, as having advocated separate provision for the chronic insane, in a paragraph quoted from his Eighteenth Annual Report. But we fail to discover, in the passage cited, any endorsement of separate institutions or asylums for the chronic class, absolutely disconnected with the hospital. For Dr. Gray's opinions on this question, the reader is referred to his remarks in the Report of the Proceedings of the Association, contained in the present number of the JOURNAL.

The writer further informs us that Drs. Butler, Hills, Workman, and Van Deusen "concur in recommending provision for the chronic insane in separate asylums, or in farm cottages or asylums, retaining a connection with the parent institution." In his Report for 1861-'62, Dr. Van Deusen writes: "The objections to a State Asylum for incurables exclusively, are obvious enough." And that his views in this respect have not changed, we have the assurance in the following, received since the Association adjourned: "I should dislike, exceedingly, to go upon the record as an advocate of the erection of asylums for the incurably insane; and if, by the 'cottage system,' I am to understand the proposed treatment of the insane, in small buildings, scattered about, with families to serve as their attendants, I am opposed to that also."

We confess our surprise at seeing the name of Dr. Workman in the above connection. This gentleman has always been the strenuous advocate of the enlargement of the Toronto Hospital, and, as we had supposed, viewed with disgust the little incurable establishments thrust upon him by the Inspectors of Asylums and Prisons. We trust the long delay in the accomplishment of his cherished schemes has not weakened the faith of our esteemed and excellent friend, and that one who has dealt such vigorous and stalwart blows against the miserable doctrine of *expediency*, may still maintain the truth spoken by the poet: "Of all expedients never one was good." Now, at least, Dr. Workman has every reason to be encouraged; for, during the past year, the Board of Inspectors have urged upon the Colonial Government, not the extension of the branch asylum system, but the completion of the Toronto Hospital, and

with such success as to obtain a liberal grant for the purpose, and the long wished-for consummation will soon be reached.

The mention of Dr. Hills's name calls to mind his project for a Hamlet Home for the chronic insane paupers of Ohio; but we have been unable to discover any application of its principles in the enterprise in which he is at present engaged, in West Virginia. As regards Dr. Butler, the recent action of his own State is the best commentary upon the policy he has advocated. Instead of an asylum for incurables, the State of Connecticut has honored herself by the creation of a General State Hospital for the Insane, which is to cost \$200,000.

We find but little else, in this essay, requiring notice, except, perhaps, the following, which would mislead those not acquainted with the actual facts. The writer remarks: "I am informed that the plan of building comprises a hospital structure for the paroxysmal, excited, and grossly demented, with sections of cottages, plain and inexpensive in their construction," etc. This is a mistake. The law particularly directs that the plans of the Willard Asylum must be approved by the Governor. As the Chief Magistrate has *approved* the hospital structure only, and has not assented to "sections of cottages," the plan of the Willard Asylum consists simply of an Hospital proper.

HUDSON RIVER HOSPITAL FOR THE INSANE.—Under the law, passed by the last Legislature of New York, authorizing the Governor to appoint Commissioners to select and contract for a suitable site on or near the Hudson River, below the city of Albany, for a new State

Hospital for the insane, the Governor has appointed the following gentlemen: Hon. A. W. Palmer, Amsterdam, Dutchess Co.; Hon. Wm. S. Kenyon, Kingston, Ulster Co.; John Falconer, Esq., New York City; Dr. J. M. Cleaveland, Utica, Oneida Co.; Joseph B. Taylor, New York City.

ACKNOWLEDGMENT.—We are indebted to Messrs. Hurd & Houghton, for a copy of Shakspeare's Delineations of Insanity, Imbecility and Suicide, by A. O. Kellogg, M. D. The book forms a handsome duodecimo of 204 pages. As the essays originally appeared in the JOURNAL, any criticism on our part would be out of place. We may remark, however, that the general tone of the press has been very favorable. Price, \$1.75.

STATE HOSPITAL FOR THE INSANE IN CONNECTICUT.—We announce the gratifying fact, that the Connecticut Legislature have recently passed a law, creating a State Hospital for the Insane, which is to cost \$200,000.

ERRATUM.—For *Gazette des Tribunaux*, on page 44, read *Gazette des Tribunaux*.

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